

## CDM-MOC-FORM: ANNEX 2

This annex is to be used by the focal point(s) for scope of authority (b) or by the submitting project participant when applicable, to request changes to project participant status and contact details of focal points following project/programme registration.

<b>Date of submission:</b>		18/02/2014
<b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>		
<b>Title of the project / programme of activities:</b>		Biogas Support Program - Nepal Activity-3
<b>Project / programme of activities reference number:</b>		5415
<b>SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES</b>		
<input checked="" type="checkbox"/> <b>Add project participant entity</b> <input type="checkbox"/> <b>Change legal name of project participant entity</b> <i>(if selected, indicate former name below)</i> <b>The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.</b>		
<b>Name of entity:</b> Goteborg Energi AB		
<b>Address:</b> Box 53, SE-40120 Goteborg 40120 Goteborg Sweden		
<b>Party (country authorizing participation):</b> Sweden		
<b>End-date of participation:</b>		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>		Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Brandstrom		Telephone 1:
First name: Lotta		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
<input checked="" type="checkbox"/> <b>Add project participant entity</b> <input type="checkbox"/> <b>Change legal name of project participant entity</b> <i>(if selected, indicate former name below)</i> <b>The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.</b>		
<b>Name of entity:</b> Hidroelectrica del Cantabrico S.A		
<b>Address:</b> Plaza de la Gesta 2, 33208 Oviedo; Spain 33208 Oviedo Spain		
<b>Party (country authorizing participation):</b> Spain		
<b>End-date of participation:</b>		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Garcia Marinas		Telephone 1:
First name: Juan Carlos		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):

☒ Add project participant entity☐ Change legal name of project participant entity (if selected, indicate former name below)

The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.

**Name of entity:**

Statoil ASA

**Address:**

Forusbeen 50, 4035 Stavanger, Norway

4035 Stavanger

Norway

**Party (country authorizing participation):**

Norway

**End-date of participation:**☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy**Contact details (primary authorized signatory):**Mr. ☒ Ms. ☐

Last name: Gautesen

Telephone 1:

First name: Kristian L

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):

**Contact details (alternate authorized signatory):**Mr. ☒ Ms. ☐

Last name: Egeland

Telephone 1:

First name: Thomas B

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):

☒ Add project participant entity☐ Change legal name of project participant entity (if selected, indicate former name below)

The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.

**Name of entity:**

Danish Ministry of Climate, Energy and Building

**Address:**

Amaliegade 44, DN-1256 Kobenhavn K, Denmark

1256 Kobenhavn K

Denmark

**Party (country authorizing participation):**

Denmark

**End-date of participation:**☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy**Contact details (primary authorized signatory):**Mr. ☒ Ms. ☐

Last name: Schmidt

Telephone 1:

First name: Frederik

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):

**Contact details (alternate authorized signatory):**Mr. ☒ Ms. ☐

Last name: Havskov Sorensen

Telephone 1:

First name: Kristian

Telephone 2 (optional):

Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<input checked="" type="checkbox"/> <b>Add project participant entity</b> <input type="checkbox"/> <b>Change legal name of project participant entity</b> <i>(if selected, indicate former name below)</i> <b>The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.</b>			
<b>Name of entity:</b> Maersk Olie og Gas A/S			
<b>Address:</b> Esplanaden 50, DK-1263 Copenhagen K 1263 Copenhagen K Denmark			
<b>Party (country authorizing participation):</b> Denmark			
<b>End-date of participation:</b>		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
<b>Contact details (primary authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Norgaard		Telephone 1:	
First name: Torben		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<b>Signature(s) of the focal point for scope of authority (b)</b>			
Name of authorized signatory:		Signature	Date: dd/mm/yyyy
(Add lines for signatories as necessary. Only one signatory per focal point is required.)			