## **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.

Title of the project/programme of activities:  Project/programme of activities:  Project/programme of activities reference number:  7783  SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)  The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:  Project Participant  Name of entity: International Bank for Reconstruction and Development (IBRD) as Trustee of the Community Development Carbon Fund (CDCF)  Address: 1818 H St. NW 20433 Washington, DC United States of America  Party (country authorizing participation): Netherlands  Contact details (primary authorized signatory):  Last name: Radack First name: Daniel  Fax (optional):  Specimen signature:  Date (dd/mm/yyyyy):  Mr. ☐ Ms. ☐  Telephone 1: First name: Meijer  Telephone 2 (optional):  First name: Siet  Telephone 2 (optional):  Fax (optional):
Project/programme of activities reference number: 7783  SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)  The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:
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programme of activities and hereby requests the following changes to its contact details:  ☐ Project Participant ☐ Project Participant ☐ Name of entity: International Bank for Reconstruction and Development (IBRD) as Trustee of the Community Development Carbon Fund (CDCF) ☐ Address:  1818 H St. NW 20433 Washington, DC United States of America ☐ Party (country authorizing participation): Netherlands ☐ Contact details (primary authorized signatory): ☐ Last name: Radack ☐ Telephone 1: ☐ First name: Daniel ☐ Telephone 2 (optional): ☐ Email: ☐ Date (dd/mm/yyyy): ☐ Contact details (alternate authorized signatory): ☐ Mr. ☐ Ms. ☐ ☐ Last name: Meijer ☐ Telephone 1: ☐ First name: Siet ☐ Telephone 2 (optional): ☐ Email: ☐ Fax (optional):
International Bank for Reconstruction and Development (IBRD) as Trustee of the Community Development Carbon Fund (CDCF)  Address: 1818 H St. NW 20433 Washington, DC United States of America  Party (country authorizing participation): Netherlands  Contact details (primary authorized signatory): Mr. ⋈ Ms. □  Last name: Radack Telephone 1: First name: Daniel Telephone 2 (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy):  Contact details (alternate authorized signatory): Mr. □ Ms. ⋈  Last name: Meijer Telephone 1: First name: Siet Telephone 2 (optional): Email: Fax (optional):
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Last name: Meijer Telephone 1:  First name: Siet Telephone 2 (optional):  Email: Fax (optional):
First name: Siet Telephone 2 (optional):  Email: Fax (optional):
Email: Fax (optional):
Specimen signature: Date (dd/mm/yyyy):
Signature(s) of the focal point for scope of authority (b) or the project participant to whom the changes apply (*)  Name of authorized signatory:  Signature  Date: dd/mm/yyyy
(Add lines for signatories as necessary. Only one signatory per entity is required.)

DISCLAIMER: Any new representative for a focal point entity is understood to hold the same authority designated to him/her by the entity as that held by the previous signatory.

If a change to a project participant requested in this section is also applicable to a focal point entity, it is understood that the project participant and the focal point are the same legal entity, with the same legal registration in the respective jurisdiction.