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.

Date of submission:	24/02/2016			
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS				
Title of the project/programme of activities:	PoA for the Reduction of emission from non-renewable fuel from cooking at household level			
Project/programme of activities reference number:	7359			
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 ☑ Focal Point				
Name of entity: Green Development AS				
Address: Wergelandsvei 27 0167 Oslo Norway				
Party (country authorizing participation): Ethiopia				
Contact details (primary authorized signatory):	Mr. ⋈ Ms. □			
Last name: Norstebo	Telephone 1:			
First name: Havard	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:	Date (dd/mm/yyyy):			
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 ☑ Focal Point				
Name of entity: Green Development AS				
Address: Wergelandsvei 27 0167 Oslo Norway				
Party (country authorizing participation): Kenya				
Contact details (primary authorized signatory):	Mr. ⋈ Ms. □			
Last name: Norstebo	Telephone 1:			
First name: Havard	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:	Date (dd/mm/yyyy):			
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 ☑ Focal Point Name of ontity:				
Name of entity: Green Development AS				

Address: Wergelandsvei 27				
0167 Oslo				
Norway				
Party (country authorizing participation): Madagascar				
Contact details (primary authorized signatory):	Mr. ⋈ Ms. □			
Last name: Norstebo	Telephone 1:			
First name: Havard	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:	Date (dd/mm/yyyy):			
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 ☑ Focal Point				
Name of entity: Green Development AS				
Address: Wergelandsvei 27 0167 Oslo Norway				
Party (country authorizing participation): Malawi				
Contact details (primary authorized signatory):	Mr. ⋈ Ms. □			
Last name: Norstebo	Telephone 1:			
First name: Havard	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:	Date (dd/mm/yyyy):			
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 ☑ Focal Point				
Name of entity: Green Development AS				
Address: Wergelandsvei 27 0167 Oslo Norway				
Party (country authorizing participation): Nigeria				
Contact details (primary authorized signatory):	Mr. ⋈ Ms. □			
Last name: Norstebo	Telephone 1:			
First name: Havard	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:	Date (dd/mm/yyyy):			
The following entity is an existing project participant/fo programme of activities and hereby requests the following ☑ Project Participant				

Name of entity: Green Development AS			
Address: Wergelandsvei 27 0167 Oslo Norway			
Party (country authorizing participation): Uganda			
Contact details (primary authorized signatory):	Mr. ⊠ Ms.□		
Last name: Norstebo	Telephone 1:		
First name: Havard	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):		
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 ☑ Focal Point			
Name of entity: Green Development AS			
Address: Wergelandsvei 27 0167 Oslo Norway			
Party (country authorizing participation): Zambia			
Contact details (primary authorized signatory):	Mr. ☑ Ms.□		
Last name: Norstebo	Telephone 1:		
First name: Havard	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):		
The following entity is an existing project participant/foc			
programme of activities and hereby requests the followin ☑ Project Participant	g changes to its contact details: ☑ Focal Point		
Name of entity: Green Development AS			
Address: Wergelandsvei 27 0167 Oslo Norway			
Party (country authorizing participation): Mozambique			
Contact details (primary authorized signatory):	Mr. ⊠ Ms.□		
Last name: Norstebo	Telephone 1:		
First name: Havard	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):		

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 ☑ Focal Point				
Name of entity: Green Development AS				
Address: Wegelandsvei 27 0167 Oslo Norway				
Party (country authorizing participation): Norway				
Contact details (primary authorized signatory):	Mr. ⋈ Ms.□			
Last name: Norstebo	Telephone 1:			
First name: Havard	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:	Date (dd/mm/yyyy):			
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: ☐ Focal Point				
Name of entity: Nordic Environment Finance Corporation				
Address: Fabianinkatu 34 P.O.Box 241 00171 Helsinki Finland				
Party (country authorizing participation): Norway				
Contact details (primary authorized signatory):	Mr. ☐ Ms.⊠			
Last name: Lindegaard	Telephone 1:			
First name: Helle	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:	Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):	Mr. ☐ Ms.⊠			
Last name: Nyberg	Telephone 1:			
First name: Tina	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:	Date (dd/mm/yyyy):			

Signature(s) of the focal point for scope of aut		9 11 7		
Name of authorized signatory:	Signature	Date: dd/mm/yyyy		
(Add lines for signatories as necessary. Only one signatory per entity is required.)				
(*) In the case of programme of activities, this section shall be signed by the focal point(s) for scope (b)				
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 hel	·	y		
	and any time province and angular year			
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.	ic rocar point are the same regarding	ej, with the sume legal		
registration in the respective jurisdiction.				