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 reference number: 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 lorint entity in respect of the above CDM project / programme of activities and hereby requests the following lorint entity in respect of the above CDM project / programme of activities and hereby requests the following lorint entity in respect of the above CDM project / programme of activities and hereby requests the following lorint entity in respect of the above CDM project / programme of activities and hereby requests the following lorint entity in respect of the above CDM project / programme of activities and hereby requests the following lorint entity in respect of the above CDM project / programme of activities reference number: Project Participant Project Participant in respect of the above CDM project / project / project Participant in Proj	Date of submission:	06/08/2019
Project/programme of activities reference number: 1948	CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
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	Title of the project/programme of activities:	Moldova Soil Conservation Project
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	Project/programme of activities reference number:	1948
Programme of activities and hereby requests the following changes to its contact details: Project Participant Focal Point		
Suntory Holdings Limited Address: 2-3-3 Daiba, Miniato-ku 135-8631 Tokyo Japan Party (country authorizing participation): Japan Contact details (primary authorized signatory): Last name: Koshiishi First name: Yuko First name: Yuko Fax (optional): Specimen signature: Contact details (alternate authorized signatory): Mr.	programme of activities and hereby requests the followin	g changes to its contact details:
2-3-3 Daiba, Minato-ku 13.5-8631 Tokyo Japan Party (country authorizing participation): Japan Contact details (primary authorized signatory): Last name: Koshiishi First name: Yuko Email: Contact details (alternate authorized signatory): Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Last name: Umei Last name: Umei First name: Sachiko Email: First name: Sachiko Email: First name: Sachiko Email: Specimen signature: Date (dd/mm/yyyy): Signature(s) of the focal point for scope of authority (b) → the project participant to whom the changes apply (*) Name of authorized signatory: (Add lines for signatories as necessary. Only one signatory per entity is required.)		
Contact details (primary authorized signatory): Last name: Koshiishi First name: Yuko Email: Specimen signature: Contact details (alternate authorized signatory): Last name: Umei First name: Sachiko Email: First name: Sachiko Telephone 1: First name: Sachiko Telephone 1: First name: Sachiko Telephone 2 (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: Cddd lines for signatories as necessary. Only one signatory per entity is required.)	2-3-3 Daiba, Minato-ku 135-8631 Tokyo Japan	
Last name: Koshiishi First name: Yuko Email: Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Last name: Umei First name: Sachiko Email: First name: Sachiko Telephone 1: First name: Sachiko Telephone 2 (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 GAdd lines for signatories as necessary. Only one signatory per entity is required.)		
First name: Yuko Email: Specimen signature: Contact details (alternate authorized signatory): Last name: Umei First name: Sachiko Email: First name: Sachiko Telephone 1: First name: Sachiko Telephone 2 (optional): 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 Add lines for signatories as necessary. Only one signatory per entity is required.)	Contact details (primary authorized signatory):	Mr. ☐ Ms. ☒
Email: Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Last name: Umei Telephone 1: First name: Sachiko Telephone 2 (optional): Email: 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: Date: dd/mm/yyyy (Add lines for signatories as necessary. Only one signatory per entity is required.)	Last name: Koshiishi	Telephone 1:
Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Last name: Umei First name: Sachiko Email: 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: Date: dd/mm/yyyy (Add lines for signatories as necessary. Only one signatory per entity is required.)	First name: Yuko	Telephone 2 (optional):
Contact details (alternate authorized signatory): Last name: Umei First name: Sachiko Telephone 1: Fax (optional): Email: 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 Signature Signature Signature Signature Add lines for signatories as necessary. Only one signatory per entity is required.)	Email:	Fax (optional):
Last name: Umei First name: Sachiko Email: 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 (Add lines for signatories as necessary. Only one signatory per entity is required.)	Specimen signature:	Date (dd/mm/yyyy):
First name: Sachiko Email: 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 Only one signatory per entity is required.)	Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☒
Email: 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.)	Last name: Umei	Telephone 1:
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 Signature Signature Date: dd/mm/yyyy (Add lines for signatories as necessary. Only one signatory per entity is required.)	First name: Sachiko	Telephone 2 (optional):
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.)	Email:	Fax (optional):
Name of authorized signatory: Signature Date: dd/mm/yyyy (Add lines for signatories as necessary. Only one signatory per entity is required.)	Specimen signature:	Date (dd/mm/yyyy):
Name of authorized signatory: Signature Date: dd/mm/yyyy (Add lines for signatories as necessary. Only one signatory per entity is required.)		
	(Add lines for signatories as necessary. Only one signatory p	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 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.