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: | 01/06/2016 |
|---|---|
| CDM PROJECT/PROGRA | MME OF ACTIVITIES DETAILS |
| Title of the project/programme of activities: | Moldova Biomass Heating in Rural Communities (Project Design Document No. 2) |
| Project/programme of activities reference number: | 0160 |
| SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS) | |
| The following entity is an existing project participant/ programme of activities and hereby requests the follo ☑ Project Participant | /focal point entity in respect of the above CDM project / wing changes to its contact details: Focal Point |
| Name of entity: Danish Ministry of Climate, Energy and Building/Danish | n Energy Agency |
| Address: Amaliegade 44, 1256 Copenhagen K Denmark | |
| Party (country authorizing participation): Denmark | |
| Contact details (primary 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): |
| | |
| Contact details (alternate authorized signatory): | Mr. ☑ Ms. □ |
| Last name: Beck | Telephone 1: |
| First name: Anton | 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 follow ☐ Project Participant | wing changes to its contact details: |
| Name of entity: | |
| Aalborg Portland A/S | |
| Address: Rordalsvej 44, 9220 Aalborg Ost Denmark | |
| Party (country authorizing participation): Denmark | |
| Contact details (primary authorized signatory): | Mr. ⋈ Ms. □ |
| Last name: Holm Christensen | Telephone 1: |
| First name: Soren | Telephone 2 (optional): |
| Email: | Fax (optional): |

| Specimen signature: | Date (dd/mm/yyyy): | |
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| The following entity is an existing project participant/ | focal point entity in respect of the above CDM 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: ☐ Focal Point | | |
| Name of entity: Maersk Olie og Gas A/S | | |
| Address: Esplanaden 50, DK-1263 Copenhagen K Denmark | | |
| Party (country authorizing participation): Denmark | | |
| Contact details (primary authorized signatory): | Mr. ☐ Ms.⊠ | |
| Last name: Jensen | Telephone 1: | |
| First name: Anne | Telephone 2 (optional): | |
| Email: | Fax (optional): | |
| Specimen signature: | Date (dd/mm/yyyy): | |
| | | |
| Contact details (alternate authorized signatory): | Mr. ⋈ Ms.□ | |
| Last name: Wilks | Telephone 1: | |
| First name: Matthew | 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 Date: dd/mm/yyyy | |
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| (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 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. | | |