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: SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES 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: Gazprom Marketing & Trading Limited Address: 20 Irriton Street London, NNV1 3BF NNV1 3BF London United Kingdom of Great Britain and Northern Ireland End-date of participation: Mr. Ms. Contact details (primary authorized signatory): Last name: Elingren First name: Julia Elephone 2 (optional): First name: Julia First name: Julia First name: Shaun Telephone 1: First name: Shaun Telephone 2 (optional): Party (Date of submission:	14/10/2014
Project programme of activities reference number: 6752	SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
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Contact details (primary authorized signatory): Last name: Elmgren Telephone 1: First name: Julia Email: Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Last name: Stacey Telephone 1: First name: Shaun Telephone 1: First name: Shaun Telephone 2 (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Signature(s) of the focal point for scope of authority (b) Name of authorized signatory: Signature Signature Date: dd/mm/yyyy		
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First name: Julia Telephone 2 (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. Ms. Ms. Last name: Stacey Telephone 1: First name: Shaun Telephone 2 (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Signature(s) of the focal point for scope of authority (b) Name of authorized signatory: Signature Date: dd/mm/yyyy	Contact details (primary authorized signatory):	Mr. ☐ Ms.⊠
Email: Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Last name: Stacey First name: Shaun Telephone 1: Fax (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Signature(s) of the focal point for scope of authority (b) Name of authorized signatory: Signature Signature Date: dd/mm/yyyy	Last name: Elmgren	Telephone 1:
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Name of authorized signatory: Signature Date: dd/mm/yyyy	Specimen signature:	Date (dd/mm/yyyy):
Name of authorized signatory: Signature Date: dd/mm/yyyy		
		Signature Date: dd/mm/yyyy
(Add lines for signatories as necessary. Only one signatory per focal point is required.)		