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: | | | 24/01/2013 |
|--|---------------------------|--|------------------|
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS | | | |
| Title of the project / programme of activities: | | Improving Kiln Efficiency in the Brick Making Industry in Bangladesh | |
| Project / programme of activities reference number: | | 5125 | |
| SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES | | | |
| | | | |
| Name of entity: Schweizerische Ruckversicherungsgesellschafts AG (Swiss RE) | | | |
| Address: Mythenquai 50/60, 8022 Zurich 8022 Zurich Switzerland | | | |
| Party (country authorizing participation): Switzerland | | | |
| End-date of participation: | ☑ N/A (participation) | is not limited in time) dd/mn | л/уууу |
| Contact details (primary authoriz | zed signatory): | Mr. ⋈ Ms. □ | |
| Last name: ECKERT | | Telephone 1: | |
| First name: Vincent | | Telephone 2 (optional): | |
| Email: | | Fax (optional): | |
| Specimen signature: | | Date (dd/mm/yyyy): | |
| Contact details (alternate authorized signatory): | | Mr.⊠ Ms.□ | |
| Last name: SPIEGEL | | Telephone 1: | |
| First name: Andreas | | 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 |
| (Add lines for signatories as necessary | ary. Only one signatory n | per focal point is required) | |