

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:		03/06/2013
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project/programme of activities:		Project for HFC23 Decomposition at Changshu 3F Zhonghao New Chemical Materials Co. Ltd, Changshu, Jiangsu Province, China
Project/programme of activities reference number:		0306
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES		
<input type="checkbox"/> Add project participant entity <input checked="" type="checkbox"/> Change legal name of project participant entity <i>(if selected, indicate former name below)</i> 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: Danish Ministry of Climate, Energy and Building/Danish Energy Agency		
Address: Amaliegade 44, DK 1256 Kobenhavn K, Denmark 1256 Kobenhavn Denmark		
Former name of project participant entity (if applicable): Danish Ministry of Climate and Energy/Danish Energy Agency		
Party (country authorizing participation): Denmark		
End-date of participation:		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Schmidt		Telephone 1:
First name: Frederik		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Havskov Sorensen		Telephone 1:
First name: Kristian		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. Only one signatory per focal point is required.)