

## 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.

<b>Date of submission:</b>	03/06/2013	
<b>CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>		
<b>Title of the project/programme of activities:</b>	Project for HFC23 Decomposition at Changshu 3F Zhonghao New Chemical Materials Co. Ltd, Changshu, Jiangsu Province, China	
<b>Project/programme of activities reference number:</b>	0306	
<b>SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES</b>		
<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> <b>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.</b>		
<b>Name of entity:</b> Danish Ministry of Climate, Energy and Building/Danish Energy Agency		
<b>Address:</b> Amaliegade 44, DK 1256 Kobenhavn K, Denmark 1256 Kobenhavn Denmark		
<b>Former name of project participant entity (if applicable):</b> Danish Ministry of Climate and Energy/Danish Energy Agency		
<b>Party (country authorizing participation):</b> Denmark		
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
<b>Contact details (primary authorized signatory):</b>	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):	
<b>Contact details (alternate authorized signatory):</b>	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):	
<b>Signature(s) of the focal point for scope of authority (b)</b>		
Name of authorized signatory:	Signature	Date: dd/mm/yyyy

(Add lines for signatories as necessary. Only one signatory per focal point is required.)