

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:		15/01/2013	
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project/programme of activities:		Phu Khieo Bio-Energy Cogeneration project (PKBC)	
Project/programme of activities reference number:		1024	
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 (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: Mitr Phol Bio-Power Co., Ltd.			
Address: 2 Ploenchit Center, 3rd Floor Sukhumvit Road, Klongtoey Bangkok 10110 10110 Bangkok Thailand			
Former name of project participant entity (if applicable): Phu Khieo Bio-Energy Co., Ltd.			
Party (country authorizing participation): Thailand			
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: Scales		Telephone 1:	
First name: Philip		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: Vanderpump		Telephone 1:	
First name: Peter		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.)