## **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.

CDM PROJECT/PROGRAMM  Title of the project/programme of activities:  Project/programme of activities reference number:  SECTION 4: CHANGE OF CONTACT DETAILS AND FOCA  The following entity is an existing project participant/foca programme of activities and hereby requests the following  Project Participant	Onyx Alexandria Landfill Gas Capture and Flaring Project 0508  S OF ENTITY/IES (PROJECT PARTICIPANTS L POINTS)  Il point entity in respect of the above CDM project /
Project/programme of activities reference number:  SECTION 4: CHANGE OF CONTACT DETAILS AND FOCA  The following entity is an existing project participant/foca programme of activities and hereby requests the following	0508  S OF ENTITY/IES (PROJECT PARTICIPANTS L POINTS)  all point entity in respect of the above CDM project / g changes to its contact details:
SECTION 4: CHANGE OF CONTACT DETAILS AND FOCAL The following entity is an existing project participant/focal programme of activities and hereby requests the following	S OF ENTITY/IES (PROJECT PARTICIPANTS L POINTS) all point entity in respect of the above CDM project / g changes to its contact details:
AND FOCAL  The following entity is an existing project participant/focal programme of activities and hereby requests the following	L POINTS) all point entity in respect of the above CDM project / g changes to its contact details:
programme of activities and hereby requests the following	g changes to its contact details:
M 1 Toject 1 articipant	
Name of entity: Azuliber 1, S.L.	
Address: Camino Prats s/n 12110 ALCORA (Castellon) Spain	
Party (country authorizing participation): Spain	
Contact details (primary authorized signatory):	Mr. ⋈ Ms. □
Last name: RUIZ MORENO	Telephone 1:
First name: VIRGILIO	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Signature(s) of the focal point for scope of authority (b) or the project participant to whom the changes apply (*)  Name of authorized signatory:  Signature  Date: dd/mm/yyyy	
(Add lines for signatories as necessary. Only one signatory per entity is required.)	
(*) In the case of programme of activities, this section shall be signed by the focal point(s) for scope (b)	
DISCLAIMER: Any new representative for a focal point entity is understood to hold the same authority designated to him/her by the entity as that held by the previous signatory.  If a change to a project participant requested in this section is also applicable to a focal point entity, it is understood that the project participant and the focal point are the same legal entity, with the same legal registration in the respective jurisdiction.	