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:		19/07/2013		
SECTION 1: CD	M PROJECT/PROG	RAMME OF ACTIVITIES DETAILS		
Title of the project / programme of activities:		Vaayu India Wind Power Project in Andhra Pradesh		
Project / programme of activities reference number:		4677		
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES				
Name of entity: Asian Development Bank, as trustee of the Asia Pacific Carbon Fund				
Address: 6 ADB Avenue, Mandaluyong City, 1550 Metro Manila Philippines				
Party (country authorizing participation): Spain				
End-date of participation:	☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy			
Contact details (primary authoriz	zed signatory):	Mr. ⊠ Ms. □		
Last name: Chander		Telephone 1:		
First name: Seethapathy		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. ⋈ Ms.□		
Last name: Um		Telephone 1:		
First name: Woochong		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Add project participant entity 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 project participant entity				
Name of entity: Asian Development Bank, as trustee of the Asia Pacific Carbon Fund				
Address: 6 ADB Avenue, Mandaluyong City, 1550 Metro Manila Philippines				
Party (country authorizing participation): Sweden				
End-date of participation:	■ N/A (participation i	is not limited in time) \square dd/mm/yyyy		

Contact details (primary authorized signatory):		Mr. ⊠ Ms.□		
Last name: Chander		Telephone 1:		
First name: Seethapathy		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. ⋈ Ms.		
Last name: Um		Telephone 1:		
First name: Woochong		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Name of entity: Kingdom of Spain				
Address: Alcalá, 92, 28009 Madrid Spain				
Party (country authorizing participation): Spain				
End-date of participation:	N/A (participation i	s not limited in time)		
Contact details (primary authoriz	zed signatory):	Mr. □ Ms.⊠		
Last name: Magro Andrade		Telephone 1:		
First name: Susana		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature: Date (dd/mm/yyyy):				
Contact details (alternate authorized signatory):		Mr. ⋈ Ms.□		
Last name: Soler Vera		Telephone 1:		
First name: Alberto		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Swedish Energy Agency				

Address: P. O. Box 310, SE-631 04 Eskilstuna Sweden						
Party (country authorizing participation): Sweden						
End-date of participation:	☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy					
Contact details (primary authorized signatory):		Mr. ⊠ Ms. □				
Last name: Boström		Telephone 1:				
First name: Bengt		Telephone 2 (optional):				
Email:		Fax (optional):				
Specimen signature:		Date (dd/mm/yyyy):				
Contact details (alternate authorized signatory):		Mr. □ Ms.⊠				
Last name: Myrman		Telephone 1:				
First name: Johanna		Telephone 2 (optional):				
Email:		Fax (optional):				
Specimen signature:		Date (dd/mm/yyyy):				
Signature(s) of the focal point for	r 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.)						