

## 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>	30/05/2017
<b>CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>	
<b>Title of the project/programme of activities:</b>	India-FaL-G Brick and Blocks Project No.3
<b>Project/programme of activities reference number:</b>	4831
<b>SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)</b>	
<b>The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:</b> <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
<b>Name of entity:</b> BASF SE	
<b>Address:</b> Carl-Bosch-Str. 38 67056 Ludwigshafen am Rhein Germany	
<b>Party (country authorizing participation):</b> Germany	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Dimmler	Telephone 1:
First name: Markus	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:</b> <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
<b>Name of entity:</b> KfW	
<b>Address:</b> Palmengartenstrasse 5-9 60325 Frankfurt am Main Germany	
<b>Party (country authorizing participation):</b> Germany	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Harnisch	Telephone 1:
First name: Jochen	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: Boerner	Telephone 1:
First name: Matthias	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:		Date (dd/mm/yyyy):	
<b>The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:</b> <input checked="" type="checkbox"/> Project Participant <span style="margin-left: 100px;"><input type="checkbox"/> Focal Point</span>			
<b>Name of entity:</b> Statkraft Carbon Invest AS			
<b>Address:</b> Lilleakerveien 6 0283 Oslo Norway			
<b>Party (country authorizing participation):</b> Norway			
<b>Contact details (primary authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Wist		Telephone 1:	
First name: Arne		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<b>The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:</b> <input checked="" type="checkbox"/> Project Participant <span style="margin-left: 100px;"><input type="checkbox"/> Focal Point</span>			
<b>Name of entity:</b> Statoil ASA			
<b>Address:</b> Forusbeen 50 4033 Stavanger Norway			
<b>Party (country authorizing participation):</b> Norway			
<b>Contact details (primary authorized signatory):</b>		Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Bech		Telephone 1:	
First name: Gjertrud Groven		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<b>The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:</b> <input checked="" type="checkbox"/> Project Participant <span style="margin-left: 100px;"><input type="checkbox"/> Focal Point</span>			
<b>Name of entity:</b> Schweizerische Ruckversicherungsgesellschaft AG (Swiss Re)			
<b>Address:</b> Mythenquai 50/60 8022 Zurich Switzerland			
<b>Party (country authorizing participation):</b> Switzerland			
<b>Contact details (primary authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: ECKERT		Telephone 1:	
First name: Vincent		Telephone 2 (optional):	

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:</b> <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
<b>Name of entity:</b> Ministry of Infrastructure and the Environment (IenM)	
<b>Address:</b> Plesmanweg 1-6 2597 JG The Hague Netherlands	
<b>Party (country authorizing participation):</b> Netherlands	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Havinga	Telephone 1:
First name: Johannes	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:</b> <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
<b>Name of entity:</b> Daiwa Securities Co.Ltd.	
<b>Address:</b> 1-9-1 Marunouchi,Chiyoda-ku 100-6752 Tokyo Japan	
<b>Party (country authorizing participation):</b> Japan	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Ando	Telephone 1:
First name: Masatsugu	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:</b> <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
<b>Name of entity:</b> Idemitsu Kosan Co.,Ltd.	
<b>Address:</b> 1-1, Marunouchi 3-Chome, Chiyoda-Ku 100-8321 Tokyo Japan	
<b>Party (country authorizing participation):</b> Japan	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Sono	Telephone 1:

First name: Naoya	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: Uesugi	Telephone 1:
First name: Kenji	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	
<b>The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:</b> <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
<b>Name of entity:</b> The Okinawa Electric Power Co., Inc.	
<b>Address:</b> 5-2-1, Makiminato, Urasoe 901-2602 Okinawa Japan	
<b>Party (country authorizing participation):</b> Japan	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Ikehara	Telephone 1:
First name: Akira	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	
<b>The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:</b> <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
<b>Name of entity:</b> Endesa Generacion, S.A.	
<b>Address:</b> Avda.de la Borbolla 5 41004 Sevilla Spain	
<b>Party (country authorizing participation):</b> Spain	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Corregidor Sanz	Telephone 1:
First name: David	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	
<b>The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:</b> <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	

<b>Name of entity:</b> GAS NATURAL SDG, SA	
<b>Address:</b> Avenida San Luis, 77, 2A. 28033 Madrid Spain	
<b>Party (country authorizing participation):</b> Spain	
<b>Contact details (primary authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Cortes Rodrigo	Telephone 1:
First name: Ana	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	
<b>Contact details (alternate authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Landeira Morillo	Telephone 1:
First name: Alejandra	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	
<b>The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:</b> <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
<b>Name of entity:</b> Kingdom of Spain - Ministry of Agriculture, Food and Environment and Ministry of Economy and Competitiveness	
<b>Address:</b> C/Alcala 92 28009 Madrid Spain	
<b>Party (country authorizing participation):</b> Spain	
<b>Contact details (primary authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Ulargui Aparicio	Telephone 1:
First name: Valvanera	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	
<b>Signature(s) of the focal point for scope of authority (b) or the project participant to whom the changes apply (*)</b> 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.