## **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:			27/02/2014		
SECTION 1: CD	M PROJECT/PROG	RAMME OF ACTIVITIES	DETAILS		
Title of the project / programme of activities:		Biogas Support Program - Nepal Activity-4			
Project / programme of activities reference number:		5416			
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES					
Add project participant entity Change legal name of project p The following entity is hereby add project / programme of activities. acceptance of the current modalit	led as a project particip By providing a specime	ant or is newly named in respe	ct of the above CDM		
Name of entity: Daiwa Securities Co. Ltd					
Address: 1-9-1 Marunouchi, Chiyoda-ku, Tok 100-6752 Tokyo Japan	kyo, 100-6752, Japan				
<b>Party (country authorizing partic</b> Japan	ipation):				
End-date of participation:	N/A (participation i	n is not limited in time) 🔲 dd/mm/yyyy			
Contact details (primary authorized signatory):		Mr. 🛛 Ms.			
Last name: Ando		Telephone 1:			
First name: Masatsugu		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):		Mr. 🛛 Ms.			
Last name: Nagase		Telephone 1:			
First name: Taiyo		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Add project participant entity Change legal name of project p The following entity is hereby add project / programme of activities. acceptance of the current modalit	led as a project particip By providing a specime	ant or is newly named in respe	ct of the above CDM		
Name of entity: Gas Natural SDG, S.A					
Address: Avda. SAN LUIS 77, 28033, Madri 28033 Madrid Spain	d, Espana				
Party (country authorizing participation): Spain					
End-date of participation:	▶ N/A (participation i	is not limited in time) $\Box dd/mn$	n/yyyy		

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Contact details (primary authorized signatory):		Mr. 🛛 Ms.			
Last name: Goni Esparza		Telephone 1:			
First name: Fernando		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Contact details (alternate authoriz	zed signatory):	Mr. 🛛 Ms.			
Last name: Ferrer Ripoll		Telephone 1:			
First name: Carlos		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
	ed as a project particip By providing a specime	cted, indicate former name below) ant or is newly named in respect of the above CDM in signature below, the project participant confirms its			
Hidroelectrica del Cantabrico S.A					
Address: Plaza de la Gesta 2, 33208 Oviedo; 5 33208 Oviedo Spain	-				
Party (country authorizing participation): Spain					
End-date of participation: Image: N/A (participation is not limited in time) Image: dd/mm/yyyy					
Contact details (primary authorized signatory):		Mr. 🛛 Ms.			
Last name: Garcia Marinas		Telephone 1:			
First name: Juan Carlos		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Add project participant entity Change legal name of project participant entity ( <i>if selected, indicate former name below</i> ) 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: Goteborg Energi AB					
Name of entity:					
Name of entity:Goteborg Energi ABAddress:Box 53, SE-40120 Goteborg40120 Goteborg	ipation):				
Name of entity:   Goteborg Energi AB   Address:   Box 53, SE-40120 Goteborg   40120 Goteborg   Sweden   Party (country authorizing particle)		s not limited in time) 🔲 dd/mm/yyyy			
Name of entity:   Goteborg Energi AB   Address:   Box 53, SE-40120 Goteborg   40120 Goteborg   Sweden   Party (country authorizing particle   Sweden	⊠ N/A (participation i	s not limited in time) □ dd/mm/yyyy Mr. □ Ms.⊠			
Name of entity:   Goteborg Energi AB   Address:   Box 53, SE-40120 Goteborg   40120 Goteborg   Sweden   Party (country authorizing particle   Sweden   End-date of participation:	⊠ N/A (participation i	,			

Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
	ed as a project particip By providing a specim	ected, indicate former name below) pant or is newly named in respect of the above CDM en signature below, the project participant confirms its	
Name of entity: Statoil ASA			
Address: Forusbeen 50, 4035 Stavanger, Norv 4035 Stavenger Norway	way		
<b>Party (country authorizing partici</b> Norway	ipation):		
End-date of participation:	N/A (participation	is not limited in time) dd/mm/yyyy	
Contact details (primary authoriz	ed signatory):	Mr. 🛛 Ms.	
Last name: Gautesen		Telephone 1:	
First name: Kristian L		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authoriz	zed signatory):	Mr. 🛛 Ms.	
Last name: Egeland		Telephone 1:	
First name: Thomas B		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
project / programme of activities. acceptance of the current modalit	ed as a project particip By providing a specim	ected, indicate former name below) pant or is newly named in respect of the above CDM en signature below, the project participant confirms its	
Name of entity: Danish Ministry of Climate, Energy	and Building		
Address: Amaliegade 44, DK-1256 Kobenhav 1256 Kobenhavn K Denmark	vn K, Denmark		
<b>Party (country authorizing partici</b> Denmark	pation):		
End-date of participation:	N/A (participation	is not limited in time) dd/mm/yyyy	
Contact details (primary authoriz	ed signatory):	Mr. 🛛 Ms.	
Last name: Schmidt		Telephone 1:	
First name: Frederik		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	

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		CDWI-WOC-FORW	
Contact details (alternate author	ized signatory):	Mr. 🛛 Ms.	
Last name: Havskov Sorensen		Telephone 1:	
First name: Kristian		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
The following entity is hereby ad	ded as a project partie . By providing a speci	elected, indicate former name below) Sipant or is newly named in respect of the above CDM men signature below, the project participant confirms its	
<b>Name of entity:</b> DONG Naturgas A/S			
Address: Nesa Alle 1, 2820 Gentofte, Denma 2820 Gentofte Denmark Party (country authorizing partie Denmark			
End-date of participation:	N/A (participation	n is not limited in time) $\Box$ dd/mm/yyyy	
Contact details (primary authori		Mr. Ms.	
Last name: Green		Telephone 1:	
Last name: Green First name: Gavin		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. 🛛 Ms.	
Last name: Krogsgaard		Telephone 1:	
First name: Christian		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
⊠Add project participant entity □Change legal name of project t	portioinant antity (if s		
The following entity is hereby ad- project / programme of activities acceptance of the current modali	ded as a project partie . By providing a speci	elected, indicate former name below) Sipant or is newly named in respect of the above CDM men signature below, the project participant confirms its	
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The following entity is hereby ad project / programme of activities acceptance of the current modali Name of entity: Maersk Olie og Gas A/S Address: Esplanaden 50, DK-1263 Copenha 1263 Copenhagen K	ded as a project partie . By providing a speci ties of communication	cipant or is newly named in respect of the above CDM men signature below, the project participant confirms its	
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The following entity is hereby ad	ded as a project partie By providing a speci- ties of communication gen K cipation):	n is not limited in time)	

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Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yy	yy):
Signature(s) of the focal point for scope of a	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.)	