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.

SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS Title of the project / programme of activities: Project / programme of activities reference number: SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES 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 entity: DONG Naturgas A/S Address: Ness Alle 1, 2820 Gentofte, Denmark 2820 Gentofte Denmark End-date of participation: Denmark End-date	Date of submission:			19/02/2014	
Project / programme of activities reference number: 5415	SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS				
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES 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 entity: Dong Naturgas A/S Address: Ness Alle 1, 2820 Gentofte, Denmark 2820 Gentofte Denmark Party (country authorizing participation): Denmark End-date of participation: N/A (participation is not limited in time) dd/mm/yyyy Contact details (primary authorized signatory): I selphone 1: First name: Gavin Feax (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. Ms. 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 entity: Daiva Scurities Co. Ltd. Address: 1-9-1 Marunouchi, Chiyoda-ku, Tokyo, 100-6752, Japan 100-6752 Tokyo Japan Party (country authorizing participation):	Title of the project / programme of activities:		Biogas Support Program - Nepal Activity-3		
Change legal name of project participant entity (if selected, indicate former name below)	Project / programme of activities reference number:		5415		
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Nesa Alle 1, 2820 Gentofte, Denmark 2820 Gentofte, Denmark 2820 Gentofte Denmark Party (country authorizing participation): Denmark End-date of participation:					
Denmark End-date of participation: ☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy Contact details (primary authorized signatory): Mr. ☑ Ms.☐ Last name: Green Telephone 1: 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 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. Name of entity: Date (dd/mm/yyyy): Date (dd/msc) Address: 1-9-1 Marunouchi, Chiyoda-ku, Tokyo, 100-6752, Japan 100-6752 Tokyo Japan Party (country authorizing participation):	Nesa Alle 1, 2820 Gentofte, Denmark 2820 Gentofte				
Contact details (primary authorized signatory): Last name: Green First name: Gavin Email: Specimen signature: Contact details (alternate authorized signatory): Last name: Krogsgaard Contact details (alternate authorized signatory): Last name: Krogsgaard First name: Christian Telephone 1: First name: Christian Telephone 1: First name: Christian 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 entity: Daiwa Securities Co. Ltd. Address: 1-9-1 Marunouchi, Chiyoda-ku, Tokyo, 100-6752, Japan 100-6752 Tokyo Japan Party (country authorizing participation):					
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First name: Gavin Email: Specimen signature: Contact details (alternate authorized signatory): Last name: Krogsgaard First name: Christian Email: Fax (optional): Fax (optional): Telephone 1: First name: Christian Fax (optional): Fax (optional): Specimen signature: Date (dd/mm/yyyy): Mr. Ms.	Contact details (primary authorized signatory):		Mr. ☑ Ms. □		
Email: Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): 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 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: Daiwa Securities Co. Ltd. Address: 1-9-1 Marunouchi, Chiyoda-ku, Tokyo, 100-6752, Japan 100-6752 Tokyo Japan Party (country authorizing participation):	Last name: Green		Telephone 1:		
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	Email:		Fax (optional):		
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	1-9-1 Marunouchi, Chiyoda-ku, Tokyo, 100-6752, Japan 100-6752 Tokyo				
Јаран	_	ipation):			
End-date of participation: N/A (participation is not limited in time) dd/mm/yyyy		N/A (narticipation i	s not limited in time) \ \Pi \dd/mn	n/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 authori	zed signatory):	Mr. ☑ Ms. □		
Last name: Nagase		Telephone 1:		
First name: Taiyo		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
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: Gas Natural SDG, S.A Address: Avda. SAN LUIS 77, 28033, Madrid, Espana 28033 Madrid Spain Party (country authorizing participation):				
Spain				
• •	End-date of participation: N/A (participation is not limited in time) dd/mm/yyyy			
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 authorized signatory):		Mr. ☑ Ms. ☐		
Last name: Ferrer Ripoll		Telephone 1:		
First name: Carlos		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Signature(s) of the focal point for Name of authorized signatory:	scope of authority (b)	Signature	Date: dd/mm/yyyy	

(Add lines for signatories as necessary. Only one signatory per focal point is required.)