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:			13/10/2015	
SECTION 1: CD	M PROJECT/PROG	FRAMME OF ACTIVITIES	DETAILS	
Title of the project / programme of activities:		150 MW grid connected Wind Power based electricity generation project in Gujarat, India		
Project / programme of activities reference number:		2347		
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: Asian Development Bank, as Trustee of the Future Carbon Fund				
Address: 6 ADB Avenue 1550 Mandaluyong City Philippines				
Party (country authorizing participation): Sweden				
End-date of participation:	N/A (participation)	is not limited in time) dd/mr	m/yyyy	
Contact details (primary authorize	zed signatory):	Mr. □ Ms. ⊠		
Last name: Locsin		Telephone 1:		
First name: Ma. Carmela		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authori	zed signatory):	Mr. ⋈ Ms. □		
Last name: Ahmad		Telephone 1:		
First name: N. J.		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Name of entity: Swedish Energy Agency				
Address: P.O. Box 310 SE-631 04 Eskilstuna SE-631 Eskilstuna Sweden				
Party (country authorizing partic	ipation):			

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End-date of participation:	N/A (participation is not limited in time) ☐ dd/mm/yyyy			
Contact details (primary authorized signatory):		Mr. ☑ Ms. □		
Last name: Hansen		Telephone 1:		
First name: Ola		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. ☐ Ms. ☒		
Last name: Christell		Telephone 1:		
First name: Annika		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Signature(s) of the focal point for 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.)				