

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.

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|---|--|--|
| Date of submission: | | 23/01/2019 |
| CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS | | |
| Title of the project/programme of activities: | | Félou Regional Hydropower Project |
| Project/programme of activities reference number: | | 3090 |
| SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES | | |
| <input type="checkbox"/> Add project participant entity <input checked="" type="checkbox"/> 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: Kingdom of Spain – Ministry for the Ecological Transition & Ministry of Economy and Business | | |
| Address: C/Alcala 92 28009 Madrid Spain | | |
| Former name of project participant entity (if applicable): Kingdom of Spain – Ministry of Agriculture, Food and Environment & Ministry of Economy and Competitiveness / Kingdom of Spain - Ministry of Environment and Rural and Marine Affairs | | |
| Party (country authorizing participation): Spain | | |
| End-date of participation: | | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| Contact details (primary authorized signatory): | | 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): |
| Contact details (alternate authorized signatory): | | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> |
| Last name: Crespo Ruiz de Elvira | | Telephone 1: |
| First name: Clara | | 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.) | | |