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:	07/10/2026
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	Bokpoort CSP (Concentrating Solar Power) Project, South Africa
Project/programme of activities reference number:	7841
SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)	
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: ☒ Project Participant ☒ Focal Point	
Name of entity: ACWA Power Solafrica Bokpoort CSP Power Plant (Pty) Ltd	
Address: 7th Floor, 90 Grayston Drive, Sandton 2196 Johannesburg South Africa	
Party (country authorizing participation): South Africa	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Lacock	Telephone 1:
First name: Ryno	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Mabuza	Telephone 1:
First name: Mthokozisi	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
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: ☒ Project Participant ☒ Focal Point	
Name of entity: ACWA Power Africa Holdings (Pty) Ltd	
Address: 7th Floor, 90 Grayston Drive, Sandton 2196 Johannesburg South Africa	
Party (country authorizing participation): South Africa	
Contact details (primary authorized signatory):	Mr. ☐ Ms. ☒
Last name: Wheatley	Telephone 1:
First name: Aline	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Bhula	Telephone 1:
First name: Nandu	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

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:

☒ Project Participant ☒ Focal Point

Name of entity:
Swedish Energy Agency

Address:
Kungsgatan 43
63104 Eskilstuna
Sweden

Party (country authorizing participation):
Sweden

Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Svartengren	Telephone 1:
First name: Fredrik	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Signature(s) of the focal point for scope of authority (b) or the project participant to whom the changes apply (*)

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.