

## 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.

<b>Date of submission:</b>		10/03/2022
<b>CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>		
<b>Title of the project/programme of activities:</b>		Corredor dos Senandes CDM Project
<b>Project/programme of activities reference number:</b>		9375
<b>SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES</b>		
<input type="checkbox"/> Add project participant entity <input checked="" type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) <b>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.</b>		
<b>Name of entity:</b> Ecofinance Negócios Eireli EPP		
<b>Address:</b> 361 Lageado Avenue 701 90460-110 Porto Alegre Brazil		
<b>Former name of project participant entity (if applicable):</b> Enerbio Consultoria Ltda - ME		
<b>Party (country authorizing participation):</b> Brazil		
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
<b>Contact details (primary authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Leao		Telephone 1:
First name: Eduardo		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
<input type="checkbox"/> Add project participant entity <input checked="" type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) <b>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.</b>		
<b>Name of entity:</b> ADS ER Eólica Corredor dos Senandes 2 S.A.		
<b>Address:</b> Engenheira Lúcia Maria Balbela Chiesa Avenue, S/N 962176-80 Rio Grande Brazil		
<b>Former name of project participant entity (if applicable):</b> OEA Eólica Corredor dos Senandes 2 Ltda.		
<b>Party (country authorizing participation):</b> Brazil		
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
<b>Contact details (primary authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Tavares		Telephone 1:
First name: Thiago		Telephone 2 (optional):

Email:	Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):	
<input type="checkbox"/> Add project participant entity <input checked="" type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) <b>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.</b>			
<b>Name of entity:</b> ADS ER Eólica Corredor dos Senandes III S.A.			
<b>Address:</b> Engenheira Lúcia Maria Balbela Chiesa Avenue, S/N 96217-680 Rio Grande Brazil			
<b>Former name of project participant entity (if applicable):</b> OEA Eólica Corredor dos Senandes III Ltda.			
<b>Party (country authorizing participation):</b> Brazil			
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy		
<b>Contact details (primary authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Tavares		Telephone 1:	
First name: Thiago		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<input type="checkbox"/> Add project participant entity <input checked="" type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) <b>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.</b>			
<b>Name of entity:</b> ADS ER Eólica Corredor dos Senandes IV S.A.			
<b>Address:</b> Engenheira Lúcia Maria Balbela Chiesa Avenue, S/N 96217-680 Rio Grande Brazil			
<b>Former name of project participant entity (if applicable):</b> OEA Eólica Corredor dos Senandes IV Ltda.			
<b>Party (country authorizing participation):</b> Brazil			
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy		
<b>Contact details (primary authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Tavares		Telephone 1:	
First name: Thiago		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:**

ADS ER Eólica Vento Aragano I S.A.

**Address:**

Engenheira Lúcia Maria Balbela Chiesa Avenue, S/N

96217-680 Rio Grande

Brazil

**Former name of project participant entity (if applicable):**

OEA Eólica Vento Aragano I Ltda.

**Party (country authorizing participation):**

Brazil

**End-date of participation:**

☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy

**Contact details (primary authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Tavares

Telephone 1:

First name: Thiago

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.)