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:	20/02/2019
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	Improved Cooking Stoves Programme of Activities in Africa
Project/programme of activities reference number:	5341
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: Envirofit International Ltd.	
Address: 109 North College Ave, Suite 20, Fort Collins 80524 Colorado United States of America	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Lorenz	Telephone 1:
First name: Nathan	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Bauer	Telephone 1:
First name: Tim	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: Energimyndigheten Box No 310 631 04 Eskilstuna Sweden	
Party (country authorizing participation): Sweden	
Contact details (primary authorized signatory):	Mr. ☐ Ms. ☒
Last name: Chian	Telephone 1:

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