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:	13/11/2012			
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS				
Title of the project / programme of activities:		Pirgua Landfill gas recovery and flaring		
Project / programme of activities reference number:		4424		
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES				
	led as a project particip By providing a specime	cted, indicate former name below) pant or is newly named in respect of the above CDM en signature below, the project participant confirms its		
Name of entity: CarbonBW Colombia S.A.S.				
Address: Calle 94A No. 13-91. Oficina 402 00000 Bogota Colombia				
Party (country authorizing participation): Germany				
End-date of participation:	N/A (participation	is not limited in time) dd/mm/yyyy		
Contact details (primary authoriz	ed signatory):	Mr. 🛛 Ms.		
Last name: Laubach		Telephone 1:		
First name: Johannes		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. 🗖 Ms. 🛛		
Last name: Pinzón		Telephone 1:		
First name: Thamara		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: ENBW KRAFTWERKE AG				
Address: Durlacher Allee 93 76131 Karlsruhe Germany				
Party (country authorizing participation): Germany				
End-date of participation:	▶ N/A (participation	is not limited in time) dd/mm/yyyy		

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		CDM-MOC-FORM
Contact details (primary authorized signatory):	Mr. 🛛 Ms.	
Last name: Graeber	Telephone 1:	
First name: Bernhard	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.	
Last name: Laubach	Telephone 1:	
First name: Johannes	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Signature(a) of the feed point for some of orthority (()	
Signature(s) of the focal point for scope of authority (Name of authorized signatory:	Signature	Date: dd/mm/yyyy