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.

Project/programme of activities reference number: 0487 SECTION 4: CHANGE OF CONTACT DETAILS OF E AND FOCAL POI The following entity is an existing project participant/focal point programme of activities and hereby requests the following chang	Chekir Landfill Gas Recovery and Flaring Project – NTITY/IES (PROJECT PARTICIPANTS NTS) entity in respect of the above CDM project /
Project/programme of activities reference number: 0487 SECTION 4: CHANGE OF CONTACT DETAILS OF E AND FOCAL POI The following entity is an existing project participant/focal point programme of activities and hereby requests the following chang ▶ Project Participant	NTITY/IES (PROJECT PARTICIPANTS NTS) entity in respect of the above CDM project / es to its contact details:
SECTION 4: CHANGE OF CONTACT DETAILS OF E AND FOCAL POIL The following entity is an existing project participant/focal point programme of activities and hereby requests the following chang ☑ Project Participant ☐ Foc Name of entity:	entity in respect of the above CDM project / es to its contact details:
AND FOCAL POID The following entity is an existing project participant/focal point programme of activities and hereby requests the following chang ☑ Project Participant ☐ Foc Name of entity:	entity in respect of the above CDM project / es to its contact details:
programme of activities and hereby requests the following chang ☑ Project Participant ☐ Foc Name of entity:	es to its contact details:
Address: Via Cristoforo Colombo 44 00147 Rome Italy	
Party (country authorizing participation): Italy	
Contact details (primary authorized signatory): Mr. ⊠	Ms.
Last name: Montanaro Teleph	one 1:
First name: Oliviero Teleph	one 2 (optional):
Email: Fax (o	otional):
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.	