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:	05/09/2013
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	CYY Biopower Wastewater treatment plant including biogas reuse for thermal oil replacement and electricity generation Project, Thailand
Project/programme of activities reference number:	2141
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: South Pole Carbon Asset Management Ltd.	
Address: Technoparkstrasse 1 8005 Zurich Switzerland	
Party (country authorizing participation): Switzerland	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Heuberger	Telephone 1:
First name: Renat	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Grobbel	Telephone 1:
First name: Christoph	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: CYY Biopower Co Ltd.	
Address: 100 Moo 5 Tambol Pondgdaeng,Amphur Khamtalesor, Nakhorn Ratchasima 30280 Thailand Thailand	
Party (country authorizing participation): Thailand	
Contact details (primary authorized signatory):	Mr. ☐ Ms. ☒
Last name: Yuenyong	Telephone 1:
First name: Parinthom	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:
Kommunalkredit Public Consulting GMBH

Address:
Tuerkenstrasse 9
1092 Vienna
Austria

Party (country authorizing participation):
Austria

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

Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Gauss	Telephone 1:
First name: Martin	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.