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:			10/02/2015	
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS				
Title of the project / programme of activities:		SPP2 Solar Power Project		
Project / programme of activities reference number:		8642		
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES				
Add project participant entity Change legal name of project participant entity (<i>if selected, indicate former name below</i>) 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: Asian Development Bank, as Trustee of the Future Carbon Fund				
Address: 6 ADB Avenue, Mandaluyong City 1500 Metro Manila Philippines				
Party (country authorizing participation): Sweden				
End-date of participation:	N/A (participation	is not limited in time) $\Box dd/mn$	n/yyyy	
Contact details (primary authorized signatory):		Mr. 🗖 Ms. 🛛		
Last name: Locsin		Telephone 1:		
First name: Ma. Carmela D.		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. 🛛 Ms.		
Last name: Ahmad		Telephone 1:		
First name: N.J.		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: Swedish Energy Agency				
Address: P.O.Box 310 SE-631 04 Eskilstuna Sweden				
Party (country authorizing participation): Sweden				
End-date of participation: \boxtimes N/A (participation is not limited in time) \square dd/mm/yyyy			n/yyyy	

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Mr. 🛛 Ms.	
Telephone 1:	
Telephone 2 (optional):	
Fax (optional):	
Date (dd/mm/yyyy):	
Mr. 🗖 Ms. 🛛	
Telephone 1:	
Telephone 2 (optional):	
Fax (optional):	
Date (dd/mm/yyyy):	
(b)	
Signature	Date: dd/mm/yyyy
	Telephone 1: Telephone 2 (optional): Fax (optional): Date (dd/mm/yyyy): Mr. □ Ms. ⊠ Telephone 1: Telephone 2 (optional): Fax (optional): Date (dd/mm/yyyy):