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.

Title of the project/programme of activities: Title of the project/programme of activities: Tianjin Shuangkou Landfill Gas Recovery and Electricity Generation Project/programme of activities reference number: 1406 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 Name of entity: Decrease Pocal Point	Date of submission:	06/03/2018
Generation Generation 1406	CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
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	Title of the project/programme of activities:	
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:	Project/programme of activities reference number:	1406
Project Participant		
Beerdrola Generacion, S.A.U.	programme of activities and hereby requests the following	ng changes to its contact details:
Tomas Redondo, 1 28033 Madrid Spain Party (country authorizing participation): Spain Contact details (primary authorized signatory): Last name: Relano Telephone 1: First name: Gregorio Telephone 2 (optional): Email: Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. ⋈ Ms. □ Contact details (alternate authorized signatory): Telephone 1: Telephone 1: Telephone 1: Telephone 1: Telephone 1: Telephone 1: Telephone 2 (optional): Email: First name: Felix Telephone 2 (optional): Email: 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 Gdd/imm/yyyy (Add lines for signatories as necessary. Only one signatory per entity is required.)		
Contact details (primary authorized signatory): Last name: Relano First name: Gregorio Email: Specimen signature: Contact details (alternate authorized signatory): Last name: Rojo Contact details (alternate authorized signatory): Last name: Rojo First name: Felix First name: Felix Fax (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: Contact details (alternate authorized signatory): Date: dd/mm/yyyy) Signature Date: dd/mm/yyyyy (Add lines for signatories as necessary. Only one signatory per entity is required.)	Tomas Redondo, 1 28033 Madrid	
Last name: Relano First name: Gregorio Email: Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Last name: Rojo Telephone 1: First name: Felix Telephone 1: First name: Felix 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: Date: dd/mm/yyyy (Add lines for signatories as necessary. Only one signatory per entity is required.)		
Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. ⋈ Ms. □ Last name: Rojo Telephone 1: First name: Felix 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.)	Contact details (primary authorized signatory):	Mr. ⋈ Ms. □
Email: Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Last name: Rojo Telephone 1: First name: Felix Telephone 2 (optional): Email: 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 (Add lines for signatories as necessary. Only one signatory per entity is required.)	Last name: Relano	Telephone 1:
Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Last name: Rojo Telephone 1: 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: Date: dd/mm/yyyy (Add lines for signatories as necessary. Only one signatory per entity is required.)	First name: Gregorio	Telephone 2 (optional):
Contact details (alternate authorized signatory): Last name: Rojo Telephone 1: First name: Felix Telephone 2 (optional): Email: 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 Oate: dd/mm/yyyy (Add lines for signatories as necessary. Only one signatory per entity is required.)	Email:	Fax (optional):
Last name: Rojo First name: Felix Telephone 2 (optional): Email: 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 Oate: dd/mm/yyyy Add lines for signatories as necessary. Only one signatory per entity is required.)	Specimen signature:	Date (dd/mm/yyyy):
First name: Felix Email: 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 Signature Signature Signature Signature Signature Only one signatory per entity is required.)	Contact details (alternate authorized signatory):	Mr. ☑ Ms. ☐
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: Date: dd/mm/yyyy Add lines for signatories as necessary. Only one signatory per entity is required.)	Last name: Rojo	Telephone 1:
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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.)	Email:	Fax (optional):
Name of authorized signatory: Signature Date: dd/mm/yyyy (Add lines for signatories as necessary. Only one signatory per entity is required.)	Specimen signature:	Date (dd/mm/yyyy):
Name of authorized signatory: Signature Date: dd/mm/yyyy (Add lines for signatories as necessary. Only one signatory per entity is required.)		
(Add lines for signatories as necessary. Only one signatory per entity is required.)	Signature(s) of the focal point for scope of authority (b) or the project participant to whom the changes apply (*)	
(*) In the case of programme of activities, this section shall be signed by the focal point(s) for scope (b)	(Add lines for signatories as necessary. Only one signatory per entity is required.)	

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.