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:			17/11/2014	
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS				
Title of the project / programme of activities:		Micro-hydro Promotion		
Project / programme of activities reference number:		3653		
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES				
Name of entity: Danish Energy Agency - Danish Ministry of Climate and Energy				
Address: Amaliegade 44, DK 1256 Copenhagen K 1256 Copenhagen K Denmark				
Party (country authorizing participation): Denmark				
End-date of participation:	☑ N/A (participation i	is not limited in time)		
Contact details (primary authorized signatory):		Mr. ⋈ Ms. □		
Last name: Van Maarschalkerweerd		Telephone 1:		
First name: Christian		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. ☐ Ms. ☒		
Last name: Ostertag		Telephone 1:		
First name: Birgitte		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Statoil ASA				
Address: Forusbeen 50, 4035 Stavanger, Norway 4035 Stavanger Norway				
Party (country authorizing participation): Norway				
End-date of participation:	N/A (participation i	is not limited in time) \Box dd/mm	1/VVV	

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Contact details (primary authorized signatory):	Mr. ⋈ Ms. □			
Last name: Gautesen	Telephone 1:			
First name: Kristian L	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:	Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):	Mr. ⋈ Ms. □			
Last name: Egeland	Telephone 1:			
First name: Thomas B	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:	Date (dd/mm/yyyy):			
Signature(s) of the focal point for scope of authority (b)				
Name of authorized signatory:	Signature Date: dd/mm/yy	<i>у</i> уу		
(Add lines for signatories as necessary. Only one signatory per focal point is required.)				