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:			11/03/2015	
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS				
Title of the project / programme of activities:		Félou Regional Hydropower Project		
Project / programme of activities reference number:		3090		
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: Swedish Energy Agency				
Address: Kungsgatan 43, 63104 Sweden Eskilstuna Sweden				
Party (country authorizing participation): Sweden				
End-date of participation:	N/A (participation i	n is not limited in time) dd/mm/yyyy		
Contact details (primary authorized signatory):		Mr. 🛛 Ms.		
Last name: Hansen		Telephone 1:		
First name: Ola		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. 🗖 Ms. 🔀		
Last name: Raab		Telephone 1:		
First name: Ulrika		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
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: Statkraft Markets GmbH				
Address: Derendorfer Allee 2a, 40476 Dusseldorf, Germany 40476 Dusseldorf Germany				
Party (country authorizing participation): Germany				
End-date of participation:	▶ N/A (participation i	is not limited in time) $\Box dd/mn$	n/yyyy	

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Contact details (primary authorized signatory):	Mr. 🛛 Ms.	
Last name: Peters	Telephone 1:	
First name: Stef	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.	
Last name: Karreman	Telephone 1:	
First name: Arjan	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Signature(s) of the focal point for scope of authority Name of authorized signatory:	(b) Signature	Date: dd/mm/yyyy
(Add lines for signatories as necessary. Only one signator	bry per focal point is required)	
(The mes for signatories as necessary. Only one signation	, per rocar point is required.)	