## **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:	05/09/2017				
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS					
Title of the project / programme of activities:	PoA for the Reduction of emission from non-renewable fuel from cooking at household level				
Project / programme of activities reference number:	number: 7359				
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES					
Name of entity: Samsung Electronics Co., Ltd.					
Address: 129, Samsung-ro, Yeongtong-gu, Suwon-si 16677 Gyeonggi-do Republic of Korea					
Party (country authorizing participation): Republic of Korea					
End-date of participation:					
Contact details (primary authorized signatory):	ed signatory): Mr. □ Ms. ☒				
Last name: Kim	Telephone 1:				
First name: Jeeyoung	Telephone 2 (optional):				
Email:	Fax (optional):				
Specimen signature: Date (dd/mm/yyyy):					
Contact details (alternate authorized signatory):	Mr.⊠ Ms.□				
Last name: Hong	Telephone 1:				
First name: Geunhyeong	Telephone 2 (optional):				
Email:	Fax (optional):				
Specimen signature:  Date (dd/mm/yyyy):					
Ecoeye Co., Ltd.					
Address: B-1503, 70 Dusan-ro, Geumcheon-gu 08585 Seoul Republic of Korea					

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Party (country authorizing participation): Republic of Korea					
End-date of participation:	✓ N/A (participation is not limited in time) ☐ dd/mm/yyyy				
Contact details (primary authorized signatory):		Mr.⊠ Ms.□			
Last name: Ha		Telephone 1:			
First name: Sangsun		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):		Mr. ☐ Ms.⊠			
Last name: Chung		Telephone 1:			
First name: Heejae		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/yyyy		
(Add lines for signatories as necessary. Only one signatory per focal point is required.)					