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:		06/08/2013		
SECTION 1: CD	M PROJECT/PROG	RAMME OF ACTIVITIES DETAILS		
Title of the project / programme of activities:		Small-Scale Renewable Energy PoA in Thailand		
Project / programme of activities reference number:		6222		
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES				
	led as a project particip By providing a specime	cted, indicate former name below) nant or is newly named in respect of the above CDM en signature below, the project participant confirms its	;	
Name of entity: Asian Development Bank as Trustee of the Future Carbon Fund				
Address: 6 ADB Avenue, Mandaluyong City, 1550 Metro Manila Philippines	,			
Party (country authorizing participation): Sweden				
End-date of participation:	☑ N/A (participation i	is not limited in time)		
Contact details (primary authorized signatory):		Mr. ⋈ Ms. □		
Last name: Chander		Telephone 1:		
First name: Seethapathy		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. ⋈ Ms. □		
Last name: Um		Telephone 1:		
First name: Woochong		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Name of entity: Swedish Energy Agency				
Address: P.O Box 310, SE 631 Eskilstuna Sweden				
Party (country authorizing partic Sweden	ipation):			
End-date of participation:	N/A (participation i	is not limited in time) \Box dd/mm/vvvv		

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Contact details (primary authorized signatory):	Mr.⊠ Ms.□	
Last name: Bostrom	Telephone 1:	
First name: Bengt	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr.⊠ Ms.□	
Last name: Hansen	Telephone 1:	
First name: Ola	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/y	ууу