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.

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 □ Focal Point Name of entity: Japan Carbon Finance, Ltd Address: 23-3 Ichiban-cho Chiyoda-ku 102-0082 Tokyo Japan Party (country authorizing participation): Japan Contact details (primary authorized signatory): Mr. ⋈ Ms.□ Last name: Tomoyuki Telephone 1: First name: Ochiai Telephone 2 (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy):	Date of submission:	27/09/2013
Project/programme of activities reference number: 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: Japan Carbon Finance, Ltd Address: 23-3 Ichiban-cho Chiyoda-ku 102-0082 Tokyo Japan Party (country authorizing participation): Japan Contact details (primary authorized signatory): Mr. Mr. Ms. Telephone 1: First name: Tomoyuki 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/yy	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:	EnviroServ Chloorkop Landfill Gas Recovery Project.
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	Project/programme of activities reference number:	0925
programme of activities and hereby requests the following changes to its contact details: Project Participant	SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)	
Japan Carbon Finance, Ltd Address: 23-3 Ichiban-cho Chiyoda-ku 102-0082 Tokyo Japan Party (country authorizing participation): Japan Mr. ⋈ Ms. □ Last name: Tomoyuki Telephone 1: First name: Ochiai 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/yy	programme of activities and hereby requests the following changes to its contact details:	
23-3 Ichiban-cho Chiyoda-ku 102-0082 Tokyo Japan Party (country authorizing participation): Japan Contact details (primary authorized signatory): Last name: Tomoyuki First name: Ochiai 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/yy		
Contact details (primary authorized signatory): Last name: Tomoyuki First name: Ochiai 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 Date: dd/mm/yy	23-3 Ichiban-cho Chiyoda-ku 102-0082 Tokyo Japan Party (country authorizing participation):	
Last name: Tomoyuki First name: Ochiai 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 Signature Date: dd/mm/yy		W B W D
First name: Ochiai 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 Date: dd/mm/yy	T	
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 Date: dd/mm/yy	•	•
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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 Signature Date: dd/mm/yy		\ \ \frac{1}{2} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of authorized signatory: Signature Date: dd/mm/yy	Specimen signature:	Date (dd/mm/yyyy):
(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 (*) Name of authorized signatory: Signature Date: dd/mm/yyyy	
(*) In the case of programme of activities, this section shall be signed by the focal point(s) for scope (b)		
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.		