

## 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.

<b>Date of submission:</b>	06/05/2013
<b>CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>	
<b>Title of the project/programme of activities:</b>	Passo do Meio, Salto Natal, Pedrinho I, Granada, Ponte and Salto Corgão Small Hydroelectric Power Plants - Brascan Energética S.A. Project Activity
<b>Project/programme of activities reference number:</b>	0519
<b>SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)</b>	
<b>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:</b>	
<input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
<b>Name of entity:</b> The State of the Netherlands, acting through its Ministry of Infrastructure and the Environment (IenM)	
<b>Address:</b> Plesmanweg 1-6 2597 JG The Hague Netherlands	
<b>Party (country authorizing participation):</b> Netherlands	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Van Hagen	Telephone 1:
First name: Fredericus	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>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:</b>	
<input checked="" type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point	
<b>Name of entity:</b> International Finance Corporation as Trustee of the IFC-Netherlands Carbon Facility (INCaF)	
<b>Address:</b> 2121 Pennsylvania Ave., NW 20433 Washington, D.C, United States of America	
<b>Party (country authorizing participation):</b> Netherlands	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Widge	Telephone 1:
First name: Vikram	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Sierra-Escalante	Telephone 1:
First name: Kruskaia	Telephone 2 (optional):

