

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:		11/11/2014
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project / programme of activities:		Caixa Econômica Federal Solid Waste Management and Carbon Finance Project
Project / programme of activities reference number:		6573
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES		
<input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> 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: Endesa Generacion S.A		
Address: Ribera del Loira 60, Madrid, 28042, Spain 28042 Madrid Spain		
Party (country authorizing participation): Spain		
End-date of participation:		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Cuenca Candel		Telephone 1:
First name: Norberto		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
<input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> 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: Norwegian Ministry of Climate and Environment		
Address: Kongens gate 20, 0030 Oslo, Norway 0030 Oslo Norway		
Party (country authorizing participation): Norway		
End-date of participation:		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):		Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Evjen		Telephone 1:
First name: Anne Smeby		Telephone 2 (optional):
Email:		Fax (optional):

Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Klakeg		Telephone 1:	
First name: Sigurd		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> 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 Eskilstuna 63104 Eskilstuna Sweden			
Party (country authorizing participation): Sweden			
End-date of participation:		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
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. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Zink		Telephone 1:	
First name: Christopher		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.)			