

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:	03/05/2013
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	N2O Emission Reduction in Paulínia, SP, Brazil
Project/programme of activities reference number:	0116
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:	
<input checked="" type="checkbox"/> Project Participant	<input checked="" type="checkbox"/> Focal Point
Name of entity: Solvay Energy Services SAS	
Address: 25 Rue de Clichy 75009 Paris France	
Party (country authorizing participation): France	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Rosier	Telephone 1:
First name: Philippe	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: Malka	Telephone 1:
First name: Jerome	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
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:	
<input checked="" type="checkbox"/> Project Participant	<input type="checkbox"/> Focal Point
Name of entity: Rhodia Japan, Ltd.	
Address: Atago Green Hills Mori Tower 2-5-1 Atago, Minato-ku 105-6207 Tokyo Japan	
Party (country authorizing participation): Japan	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Kuwahara	Telephone 1:
First name: Makoto	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:		Date (dd/mm/yyyy):	
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: <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point			
Name of entity: Rhodia Japan, Ltd.			
Address: Atago Green Hills Mori Tower 2-5-1 Atago, Minato-ku 105-6207 Tokyo Japan			
Party (country authorizing participation): Switzerland			
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Kuwahara		Telephone 1:	
First name: Makoto		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
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: <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point			
Name of entity: Rhodia Energy Brazil Ltda			
Address: Av. Maria Coelho Aguiar, 215 - Bloco B -CENESP 05804-902 São Paulo Brazil			
Party (country authorizing participation): Brazil			
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Rosier		Telephone 1:	
First name: Philippe		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: Gohn		Telephone 1:	
First name: Andre		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
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: <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point			
Name of entity: Rhodia Energy GHG SAS			

Address: 25 Rue de Clichy 75009 Paris France	
Party (country authorizing participation): France	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Rosier	Telephone 1:
First name: Philippe	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
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: <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
Name of entity: Rhodia Energy GHG SAS	
Address: 25 Rue de Clichy 75009 Paris France	
Party (country authorizing participation): Switzerland	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Rosier	Telephone 1:
First name: Philippe	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
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: <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
Name of entity: NATIXIS Environment & Infrastructures	
Address: Cannon Bridge, 25 Dowgate Hill EC4R 2YA London United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
Contact details (primary authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Deiber	Telephone 1:
First name: Marcelle	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Zhang	Telephone 1:
First name: Lea Shuangxiao	Telephone 2 (optional):

