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:		15/10/2013		
SECTION 1: CD	M PROJECT/PROG	RAMME OF ACTIVITIES DETAILS		
Title of the project / programme of activities:		Greenhouse Gas Emission Reductions Through Photovoltaic Technology - Dahanu Solar Power Pvt. Ltd.		
Project / programme of activities reference number:		7103		
SECTION 2: ADDITION		GAL NAME OF A PROJECT PARTICIPANT ΓΥ/IES		
	led as a project particip By providing a specime	cted, indicate former name below) pant 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	e of the Future Carbon Fu	und		
Address: 6 ADB Avenue, Mandaluyong City 1550 Metro Manila Philippines				
Party (country authorizing partic Sweden	ipation):			
End-date of participation:	☑ N/A (participation)	is not limited in time)		
Contact details (primary authoriz	ed signatory):	Mr.⊠ Ms.□		
Last name: Um		Telephone 1:		
First name: Woochong		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature: Date (dd/mm/yyyy):				
	led as a project particip By providing a specime	cted, indicate former name below) pant or is newly named in respect of the above CDM en signature below, the project participant confirms its		
Swedish Energy Agency				
Address: P.O. Box 310, SE-631 04 Eskilstuna Sweden	ı			
Party (country authorizing partic Sweden	ipation):			
End-date of participation:	N/A (participation i	is not limited in time)		
Contact details (primary authoriz	ed signatory):	Mr. ⊠ Ms. □		
Last name: Ola		Telephone 1:		
First name: Hansen		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature: Date (dd/mm/yyyy):				

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Contact details (alternate authorized signatory):	Mr. □ Ms.⊠	
Last name: Christell	Telephone 1:	
First name: Annika	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Signature(s) of the focal point for scope of authority (b)		5 . 11/
Name of authorized signatory:	Signature	Date: dd/mm/yyyy