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:			05/09/2018	
SECTION 1: CD	M PROJECT/PROG	RAMME OF ACTIVITIES	DETAILS	
Title of the project / programme of activities:		Improving Kiln Efficiency in the Brick Making Industry in Bangladesh		
Project / programme of activities reference number:		5125		
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES				
☑Add project participant entity ☐ Change legal name of project p The following entity is hereby add project / programme of activities. acceptance of the current modalit	led as a project particip By providing a specime	ant or is newly named in respe	ect of the above CDM	
Name of entity: Asian Development Bank, as Truste	ee of the Future Carbon F	und		
Address: 6 ADB Avenue 1550 Mandaluyong City Philippines				
Party (country authorizing participation): Sweden				
End-date of participation:	☑ N/A (participation)	is not limited in time) dd/mr	n/yyyy	
Contact details (primary authorized signatory):		Mr. ☑ Ms. □		
Last name: Um		Telephone 1:		
First name: Woochong		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authori	zad signatory).	Mr. ☐ Ms. 🌣		
Last name: Chiara	zeu signatory).	Telephone 1:		
First name: Bronchi		Telephone 2 (optional):		
		Fax (optional):		
Email: Specimen signature:		Date (dd/mm/yyyy):		
Specifici signature.		Date (dd/mm/yyyy).		
Name of entity: Swedish Energy Agency				
Address: P.O. Box 310 SE-631-04 Eskilstuna Sweden Party (country authorizing partic	ipation):			
Sweden				

CDM-MOC-FORM

End-date of participation:	N/A (participation is not limited in time) ☐ dd/mm/yyyy			
Contact details (primary authorized signatory):		Mr. ☐ Ms. ☒		
Last name: Hamilton		Telephone 1:		
First name: Ida		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Signature(s) of the focal point fo	or scope of authority (b)			
Name of authorized signatory:		Signature	Date: dd/mm/yyyy	
Name of authorized signatory:		Signature	Date: dd/mm/yyyy	
Name of authorized signatory:		Signature	Date: dd/mm/yyyy	
Name of authorized signatory:		Signature	Date: dd/mm/yyyy	
Name of authorized signatory:		Signature	Date: dd/mm/yyyy	
Name of authorized signatory:		Signature	Date: dd/mm/yyyy	
Name of authorized signatory:		Signature	Date: dd/mm/yyyy	