## **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: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS  |                        |   |                  |
| Title of the project / programme of activities:   |                        | ESTRE's Paulínia Landfill Gas Project (EPLGP) |                  |
| Project / programme of activities reference number:   |                        | 0165  |                  |
| SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT<br>ENTITY/IES   |                        |   |                  |
| Add project participant entity<br>Change legal name of project participant entity ( <i>if selected, indicate former name below</i> )<br>The following entity is hereby added as a project participant or is newly named in respect of the above CDM<br>project / programme of activities. By providing a specimen signature below, the project participant confirms its<br>acceptance of the current modalities of communication. |                        |   |                  |
| Name of entity:<br>CM CAPITAL MARKETS HOLDING SA  |                        |   |                  |
| Address:<br>CALLE OCHANDIANO, 2<br>28023 MADRID<br>Spain  |                        |   |                  |
| Party (country authorizing participation):<br>Switzerland   |                        |   |                  |
| End-date of participation:  | ⊠ N/A (participation   | is not limited in time) dd/mm                 | л/уууу           |
| Contact details (primary authorized signatory):   |                        | Mr. 🛛 Ms.                                     |                  |
| Last name: PÉREZ ANTUÑA   |                        | Telephone 1:                                  |                  |
| First name: ALBERTO   |                        | Telephone 2 (optional):                       |                  |
| Email:  |                        | Fax (optional):                               |                  |
| Specimen signature:   |                        | Date (dd/mm/yyyy):                            |                  |
|   |                        |   |                  |
| <b>Signature(s) of the focal point for</b><br>Name of authorized signatory:   | scope of authority (b) | Signature                                     | Date: dd/mm/yyyy |
| (Add lines for signatories as necessary. Only one signatory per focal point is required.)   |                        |   |                  |