

## 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.

<b>Date of submission:</b>		02/02/2021	
<b>CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>			
<b>Title of the project/programme of activities:</b>		Inner Mongolia China Water Group Huade Sandaogou Wind Farm 49.5MW Project	
<b>Project/programme of activities reference number:</b>		5781	
<b>SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES</b>			
<input type="checkbox"/> Add project participant entity <input checked="" type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) <b>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.</b>			
<b>Name of entity:</b> ACT Financial Solutions B.V.			
<b>Address:</b> Atrium Building, 8th floor Strawinskylaan 3127 1077 ZX Amsterdam Netherlands			
<b>Former name of project participant entity (if applicable):</b> Amsterdam Capital Trading B.V.			
<b>Party (country authorizing participation):</b> Netherlands			
<b>End-date of participation:</b>		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
<b>Contact details (primary authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Di Credico		Telephone 1:	
First name: Federico		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<b>Contact details (alternate authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Strikwerda		Telephone 1:	
First name: Haye		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<b>Signature(s) of the focal point for scope of authority (b)</b>			
Name of authorized signatory:		Signature	Date: dd/mm/yyyy

(Add lines for signatories as necessary. Only one signatory per focal point is required.)