

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:	08/08/2018
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	DSCL Sugar Ajbapur Cogeneration Project Phase II
Project/programme of activities reference number:	0982
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: Asian Development Bank, as Trustee of the Future Carbon Fund	
Address: 6 ADB Avenue 1550 Mandaluyong City Philippines	
Party (country authorizing participation): Sweden	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Um	Telephone 1:
First name: Woochong	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: Bronchi	Telephone 1:
First name: Chiara	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: Swedish Energy Agency	
Address: P.O. Box 310 SE-631-04 Eskilstuna Sweden	
Party (country authorizing participation): Sweden	
Contact details (primary authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Hamilton	Telephone 1:
First name: Ida	Telephone 2 (optional):
Email:	Fax (optional):

