

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:	07/03/2022
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	Wind Power Plants Seabra, Novo Horizonte and Macaúbas CDM Project
Project/programme of activities reference number:	6571
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: Novo Horizonte Energetica S.A	
Address: Road José Carlos Daux, nº 5.500, Km 5, Room 334, 3rd floor, Pavimento Jurerê A, Saco Grande. 88.032-005 Florianopolis Brazil	
Party (country authorizing participation): Brazil	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Lobo Maia Junior	Telephone 1:
First name: Leoze	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Maciel Tomazzoli	Telephone 1:
First name: Thiago	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 checked="" type="checkbox"/> Focal Point	
Name of entity: Macaubas Energetica S/A	
Address: Road José Carlos Daux, nº 5.500, Km 5, Room 331, 3rd floor, Pavimento Jurerê A, Saco Grande. 88.032-005 Florianopolis Brazil	
Party (country authorizing participation): Brazil	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Lobo Maia Junior	Telephone 1:
First name: Leoze	Telephone 2 (optional):
Email:	Fax (optional):

