

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:	16/09/2014
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	Fatima N2O Abatement Project
Project/programme of activities reference number:	5461
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: N.serve Environmental Services GmbH	
Address: Grosse Theaterstr. 14 20354 Hamburg Germany	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: von Velsen-Zerweck	Telephone 1:
First name: Marten	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: Gutknecht-Stoehr	Telephone 1:
First name: Nikolaus	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: Fatima Fertilizer Company Limited	
Address: E-110 KHAYABAN E JINNAH CANTT 54000 Lahore Pakistan	
Party (country authorizing participation): Pakistan	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Murad	Telephone 1:
First name: Asad	Telephone 2 (optional):
Email:	Fax (optional):

