

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:	17/12/2024
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	CDM Africa Wind and Solar Programme of Activities for South Africa
Project/programme of activities reference number:	8260
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: PoA Africa Wind and Solar (pty) Ltd	
Address: 253 Buitekantstreet Oudtshoorn 6620 South Africa 6620 Oudtshoorn South Africa	
Party (country authorizing participation): South Africa	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: van den Berg	Telephone 1:
First name: Johan	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: Terblanche	Telephone 1:
First name: Ciska	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: CDM Africa Climate Solutions (pty) Ltd	
Address: 253 Buitekantstreet Oudtshoorn 6620 6620 Oudtshoorn South Africa	
Party (country authorizing participation): South Africa	
Contact details (primary authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>

Last name: Terblanche	Telephone 1:
First name: Ciska	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: van den Berg	Telephone 1:
First name: Johan	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Signature(s) of the focal point for scope of authority (b) or the project participant to whom the changes apply (*)	
Name of authorized signatory:	Signature Date: dd/mm/yyyy
(Add lines for signatories as necessary. Only one signatory per entity is required.)	
(*) In the case of programme of activities, this section shall be signed by the focal point(s) for scope (b)	
DISCLAIMER: Any new representative for a focal point entity is understood to hold the same authority designated to him/her by the entity as that held by the previous signatory.	
If a change to a project participant requested in this section is also applicable to a focal point entity, it is understood that the project participant and the focal point are the same legal entity, with the same legal registration in the respective jurisdiction.	