# 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.

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| **Date of submission:** | 09/05/2013 |
| **CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS** | |
| **Title of the project/programme of activities:** | Moldova Biomass Heating in Rural Communities (Project Design Document No. 1) |
| **Project/programme of activities reference number:** | 0159 |
| **SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES** | |
| ☐ **Add project participant entity**<br>☒ **Change legal name of project participant entity** *(if selected, indicate former name below)*<br>**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.** | |
| **Name of entity:**<br>Danish Ministry of Climate, Energy and Building | |
| **Address:**<br>Amaliegade 44, DK 1256 Kobenhavn K, Denmark<br>1256 Kobenhavn<br>Denmark | |
| **Former name of project participant entity (if applicable):**<br>Danish Ministry of Climate and Energy/Danish Energy Agency | |
| **Party (country authorizing participation):**<br>Denmark | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy |
| **Contact details (primary authorized signatory):** | Mr. ☒ Ms. ☐ |
| Last name: Schmidt | Telephone 1: |
| First name: Frederik | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| **Contact details (alternate authorized signatory):** | Mr. ☒ Ms. ☐ |
| Last name: Havskov Sorensen | Telephone 1: |
| First name: Kristian | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |

**Signature(s) of the focal point for scope of authority (b)**

| Name of authorized signatory: | Signature | Date: dd/mm/yyyy |
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| | | |

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