

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:	30/01/2013
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	La Esperanza Hydroelectric Project
Project/programme of activities reference number:	0009
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 type="checkbox"/> Focal Point	
Name of entity: Consorcio de Inversiones S.A. (CISA)	
Address: Proyecto Hidroelectrico La Esperanza, Villa los olominas #22, Aldea Santa Anita, Apartado Postal#53, La Esperanza Intibuca, Honduras 0053 La Esperanza Intibuca Honduras	
Party (country authorizing participation): Honduras	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Turner	Telephone 1:
First name: Nonald	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: Turner	Telephone 1:
First name: Sara	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: atmosfair gGmbH	
Address: Zossener StraBe 55-58, 10961 Berlin 10961 Berlin Germany	
Party (country authorizing participation): Germany	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Robert	Telephone 1:
First name: Muller	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: Brockhagen	Telephone 1:
First name: Dietrich	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.	