## **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:   |                        |  | 25/11/2013       |
|---|------------------------|--|------------------|
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS                                    |                        |  |                  |
| Title of the project / programme of activities:   |                        | Inner Mongolia Saiwusu II Wind Power Project |                  |
| Project / programme of activities reference number:                                       |                        | 3679   |                  |
| SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES              |                        |  |                  |
|   |                        |  |                  |
| Name of entity: Statkraft Markets GmbH  |                        |  |                  |
| Address: Derendorfer Allee 2 a 40476 Düsseldorf Germany                                   |                        |  |                  |
| Party (country authorizing participation): Germany  |                        |  |                  |
| End-date of participation:  | N/A (participation i   | is not limited in time) dd/mm/               | уууу             |
| Contact details (primary authorized signatory):   |                        | Mr.⊠ Ms.□                                    |                  |
| Last name: Peters   |                        | Telephone 1:                                 |                  |
| First name: Stef  |                        | Telephone 2 (optional):                      |                  |
| Email:  |                        | Fax (optional):                              |                  |
| Specimen signature: Date (dd/mm/yyyy):  |                        |  |                  |
| Contact details (alternate authorized signatory):   |                        | Mr. ⊠ Ms.□                                   |                  |
| Last name: Liu  |                        | Telephone 1:                                 |                  |
| First name: Hsien-Hua   |                        | Telephone 2 (optional):                      |                  |
| Email:  |                        | Fax (optional):                              |                  |
| Specimen signature: Date (dd/mm/yyyy):  |                        |  |                  |
| Signature(s) of the focal point for Name of authorized signatory:                         | scope of authority (b) | Signature                                    | Date: dd/mm/yyyy |
| (Add lines for signatories as necessary. Only one signatory per focal point is required.) |                        |  |                  |