

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:		22/02/2024	
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project/programme of activities:		Electricity generation from renewable sources (wind) – Windfarm Complex Morro dos Ventos	
Project/programme of activities reference number:		7725	
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES			
<input type="checkbox"/> Add project participant entity <input checked="" type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) 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: Desa - Dobrevê Energia Ltda			
Address: Jorge de Figueiredo Correa Street, 1632 13087-397 Campinas -SP Brazil			
Former name of project participant entity (if applicable): Desa- Dobrevê Energia S.A			
Party (country authorizing participation): Brazil			
End-date of participation:		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Zajd		Telephone 1:	
First name: Lucas		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: Nardez Sirol		Telephone 1:	
First name: Rodolfo		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<input type="checkbox"/> Add project participant entity <input checked="" type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) 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: Desa - Morro dos Ventos I Ltda			
Address: Jorge de Figueiredo Correa Street, 1632 13087-397 Campinas -SP Brazil			

Former name of project participant entity (if applicable): Desa - Morro dos Ventos I S.A	
Party (country authorizing participation): Brazil	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Zajd	Telephone 1:
First name: Lucas	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: Nardez Sirol	Telephone 1:
First name: Rodolfo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	
<input type="checkbox"/> Add project participant entity <input checked="" type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) 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: Desa - Morro dos Ventos III Ltda	
Address: Jorge de Figueiredo Correa Street, 1632 13087-397 Campinas -SP Brazil	
Former name of project participant entity (if applicable): Desa - Morro dos Ventos III S.A	
Party (country authorizing participation): Brazil	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Zajd	Telephone 1:
First name: Lucas	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: Nardez Sirol	Telephone 1:
First name: Rodolfo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	

<input type="checkbox"/> Add project participant entity <input checked="" type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) 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: Desa - Morro dos Ventos IV Ltda	
Address: Jorge de Figueiredo Correa Street, 1632 13087-397 Campinas - SP Brazil	
Former name of project participant entity (if applicable): Desa - Morro dos Ventos IV SA	
Party (country authorizing participation): Brazil	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Zajd	Telephone 1:
First name: Lucas	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: Nardez Sirol	Telephone 1:
First name: Rodolfo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	
<input type="checkbox"/> Add project participant entity <input checked="" type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) 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: Desa - Morro dos Ventos VI Ltda	
Address: Jorge de Figueiredo Correa Street, 1632 13087-397 Campinas - SP Brazil	
Former name of project participant entity (if applicable): Desa - Morro dos Ventos VI S.A	
Party (country authorizing participation): Brazil	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Zajd	Telephone 1:
First name: Lucas	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: Nardez Sirol		Telephone 1:	
First name: Rodolfo		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<input type="checkbox"/> Add project participant entity <input checked="" type="checkbox"/> Change legal name of project participant entity <i>(if selected, indicate former name below)</i> 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: Desa - Morro dos Ventos IX Ltda			
Address: Jorge de Figueiredo Correa Street, 1632 13087-397 Campinas - SP Brazil			
Former name of project participant entity (if applicable): Desa - Morro dos Ventos IX S.A			
Party (country authorizing participation): Brazil			
End-date of participation:		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Zajd		Telephone 1:	
First name: Lucas		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: Nardez Sirol		Telephone 1:	
First name: Rodolfo		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Signature(s) of the focal point for scope of authority (b) <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;">Name of authorized signatory:</div> <div style="width: 30%;">Signature</div> <div style="width: 20%;">Date: dd/mm/yyyy</div> </div> 			
(Add lines for signatories as necessary. Only one signatory per focal point is required.)			