

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: | | 22/05/2015 |
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS | | |
| Title of the project / programme of activities: | | Chile: Quilleco Hydroelectric Project |
| Project / programme of activities reference number: | | 1265 |
| SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES | | |
| <input checked="" type="checkbox"/> Add project participant entity <input 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: Italian Ministry for the Environment Land and Sea | | |
| Address: Via Cristoforo Colombo, 44 0000 Rome Italy | | |
| Party (country authorizing participation): Italy | | |
| 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: La Camera | | Telephone 1: |
| First name: Francesco | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| <input checked="" type="checkbox"/> Add project participant entity <input 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: Ministry of Sustainable Development and Infrastructure | | |
| Address: 4, Place de l'Europe L-2918 0000 Luxembourg Luxembourg | | |
| Party (country authorizing participation): Luxembourg | | |
| 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: Haïe | | Telephone 1: |
| First name: Henri | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |

☒ Add project participant entity

☐ 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:

Kingdom of Spain- Ministry of the Agriculture, Food and Environment & Ministry of Economy and Competitiveness

Address:

Alcala, 92
28009 Madrid
Spain

Party (country authorizing participation):

Spain

End-date of participation:

☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy

Contact details (primary authorized signatory):

Mr. ☐ Ms. ☒

Last name: Magro Andrade

Telephone 1:

First name: Susana

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Dajani Gonzalez

Telephone 1:

First name: Jorge

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

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