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.

Title of the project/programme of activities: 12.5 MW Small Scale Grid Connected "Wind Electricity Generation Project" by KRBL Ltd., District Dhule, Maharashtra, India Project/programme of activities reference number: 2894 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: Project Participant	Date of submission:	03/02/2014
Generation Project* by KRBL Ltd., District Dhule, Maharashtra, India	CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
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: Project Participant Name of entity: Swedish Energy Agency Address: Kungsgatan 43 63104 Eskilstuna Sweden Party (country authorizing participation): Sweden Contact details (primary authorized signatory): Last name: Hansen First name: Ola Email: Specimen signature: Contact details (alternate authorized signatory): Last name: Backman Telephone 1: First name: Linda Telephone 2 (optional): Email: First name: Linda Telephone 2 (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	Title of the project/programme of activities:	Generation Project" by KRBL Ltd., District Dhule,
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: Project Participant Name of entity: Swedish Energy Agency Address: Kungsgatan 43 63104 Eskilstuna Sweden Party (country authorizing participation): Sweden Contact details (primary authorized signatory): I ast name: Hansen First name: Ola Email: Fax (optional): Specimen signature: Contact details (alternate authorized signatory): Mr. ☐ Ms. ☐ Contact details (alternate authorized signatory): Last name: Backman Telephone 1: Telephone 1: First name: Linda Telephone 2 (optional): Email: First name: Linda Telephone 2 (optional): Email: First name: Linda 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	Project/programme of activities reference number:	2894
Project Participant Secondard details: Focal Point Name of entity: Swedish Energy Agency Address: Kungsgatan 43 63104 Eskilstuna Sweden Party (country authorizing participation): Sweden Contact details (primary authorized signatory): Mr. Mr. Ms. □ Last name: Hansen Telephone 1: First name: Ola Telephone 2 (optional): Email: Fax (optional): Contact details (alternate authorized signatory): Mr. □ Ms. □ Last name: Backman Telephone 1: First name: Linda Telephone 1: First name: Linda Telephone 2 (optional): Email: Specimen signature: Date (dd/mm/yyyy): 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		
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First name: Ola Email: Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Last name: Backman Telephone 1: First name: Linda 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 Signature Signature Signature Date: dd/mm/yyyy	Contact details (primary authorized signatory):	Mr.⊠ Ms.□
Email: Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Last name: Backman Telephone 1: First name: Linda 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	Last name: Hansen	Telephone 1:
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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 Signature Signature Date: dd/mm/yyyy	First name: Linda	Telephone 2 (optional):
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	Email:	Fax (optional):
Name of authorized signatory: Signature Date: dd/mm/yyyy	Specimen signature:	Date (dd/mm/yyyy):
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.