

## 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.

<b>Date of submission:</b>		14/11/2012	
<b>CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>			
<b>Title of the project/programme of activities:</b>		Trang Palm Oil Wastewater Treatment Project in Trang Province, Thailand	
<b>Project/programme of activities reference number:</b>		3335	
<b>SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES</b>			
<input type="checkbox"/> Add project participant entity <input checked="" type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) <b>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.</b>			
<b>Name of entity:</b> Mitsubishi UFJ Morgan Stanley Securities Co., Ltd.			
<b>Address:</b> 5th Floor, Toyosu Front, 3-2-20 Toyosu, Koto-ku 135-0061 Tokyo Japan			
<b>Former name of project participant entity (if applicable):</b> Mitsubishi UFJ Securities Co., Ltd.			
<b>Party (country authorizing participation):</b> Japan			
<b>End-date of participation:</b>		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
<b>Contact details (primary authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Toyofuku		Telephone 1:	
First name: Masayuki		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<b>Contact details (alternate authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Kurokawa		Telephone 1:	
First name: Ayato		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<b>Signature(s) of the focal point for scope of authority (b)</b>			
Name of authorized signatory:		Signature	Date: dd/mm/yyyy
(Add lines for signatories as necessary. Only one signatory per focal point is required.)			

## 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

☒ Focal Point

**Name of entity:**

Mitsubishi UFJ Morgan Stanley Securities Co., Ltd.

**Address:**

5th Floor, Toyosu Front, 3-2-20 Toyosu, Koto-ku  
135-0061 Tokyo  
Japan

**Party (country authorizing participation):**

Japan

**Contact details (primary authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Toyofuku

Telephone 1:

First name: Masayuki

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):

**Contact details (alternate authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Kurokawa

Telephone 1:

First name: Ayato

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:**

☒ Project Participant

☒ Focal Point

**Name of entity:**

Trang Palm Oil Co., Ltd.

**Address:**

168 Moo 1, Trang-Sikao Road, Na-Muangphet, Sikao  
92000 Trang Province  
Thailand

**Party (country authorizing participation):**

Thailand

**Contact details (primary authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Wongsureerat

Telephone 1:

First name: Manit

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):

**Contact details (alternate authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Khidhathong

Telephone 1:

First name: Pawasut

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.**