## **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:		23/08/2012	
SECTION 1: 0	CDM PROJECT/PRO	GRAMME OF ACTIVITIES DETAILS	
Title of the project / program		Wind power project at Gujarat by Powerica Limited	
Project / programme of activity		3632	
SECTION 2: ADDIT		EGAL NAME OF A PROJECT PARTICIPANT TTY/IES	
The following entity is hereby a	et participant entity ( <i>if se</i> added as a project partic les. By providing a specie	elected, indicate former name below) Eipant or is newly named in respect of the above CDM men signature below, the project participant confirms its •	
<b>Name of entity:</b> Asian Development Bank as a Tr	rustee of Asia Pacific Car	bon Fund	
Address: 6 ADB Avenue, Mandaluyong C Metro Manila, Philippines 1550 Mandaluyong Philippines	City 1550,		
<b>Party (country authorizing par</b> Spain	ticipation):		
End-date of participation:	N/A (participatio	n is not limited in time) dd/mm/yyyy	
Contact details (primary autho	orized signatory):	Mr. 🛛 Ms.	
Last name: Chander		Telephone 1:	
First name: Seethapathy		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. 🛛 Ms.	
Last name: Um		Telephone 1:	
First name: Woochong		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
The following entity is hereby a project / programme of activiti acceptance of the current moda Name of entity: Asian Development Bank as a Th Address: 6 ADB Avenue, Mandaluyong C	t participant entity (if se added as a project partic les. By providing a specia alities of communication rustee of Asia Pacific Car		
Metro Manila, Philippines 1550 Mandaluyong Philippines			
Party (country authorizing par Sweden on 03.0	ticipation):		

## **CDM-MOC-FORM**

End-date of participation:	▶ N/A (participation i	s not limited in time) $\Box dd/mm/yyyy$			
Contact details (primary authorized signatory):		Mr. 🛛 Ms.			
Last name: Chander		Telephone 1:			
First name: Seethapathy		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):		Mr. 🛛 Ms.			
Last name: Um		Telephone 1:			
First name: Woochong		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					
Address: Alcala, 92, Madrid 28009, Spain Madrid Spain					
<b>Party (country authorizing partici</b> Spain	ipation):				
End-date of participation:	And-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: Soler Vera		Telephone 1:			
First name: Alberto		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
<ul> <li>Add project participant entity</li> <li>☐ Change legal name of project participant entity (<i>if selected, indicate former name below</i>)</li> <li>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.</li> <li>Name of entity:</li> </ul>					
Swedish Energy Agency					

Address: P.O. Box 310, SE - 63104 Eskilstuna, Sweden Sweden						
<b>Party (country authorizing par</b> Sweden	ticipation):					
End-date of participation:	$\square$ N/A (participation is not limited in time) $\square$ dd/mm/yyyy					
Contact details (primary autho	ontact details (primary authorized signatory):					
Last name: Bostrom		Telephone 1:	Telephone 1:			
First name: Bengt		Telephone 2 (optional):	Telephone 2 (optional):			
Email:		Fax (optional):	Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):	Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):		Mr. 🔲 Ms. 🛛	Mr. 🗖 Ms. 🖾			
Last name: Myrman		Telephone 1:	Telephone 1:			
First name: Johanna		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.)						