## **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:	15/02/2013	
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project/programme of activities:	Biogas project, BAJ Way Jepara	
Project/programme of activities reference number:	2652	
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: Cargill International SA		
Address: 14 chemin de Normandie, 1206 Geneva< Switzerland 1206 Geneva Switzerland		
Party (country authorizing participation): Switzerland		
Contact details (primary authorized signatory):	Mr. 🛛 Ms. 🗌	
Last name: Dwyer	Telephone 1:	
First name: Michael	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:   Image: Comparison of the project participant   Image: Comparison of the project participant		
Name of entity: PT. Budi Acid Jaya		
Address: Wisma Budi 8th-9th Floor Jl. H.R. Rasuna Said Kav. C6, Jakarta 12940, Indonesia 12940 Jakarta Indonesia		
Party (country authorizing participation): Indonesia		
Contact details (primary authorized signatory):	Mr. 🛛 Ms.	
Last name: Tasmin	Telephone 1:	
First name: Sudarmo	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.	
Last name: Winata	Telephone 1:	
First name: Santoso	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)			
<b>DISCLAIMER:</b> Any new representative for a focal poin designated to him/her by the entity as that held by the p		he same authority	
If a change to a project participant requested in this sect understood that the project participant and the focal point registration in the respective jurisdiction.			