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.

CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS Mitigation of Methane Emissions in the Charcoal Production of Plantar, Brazil Troject/programme of activities reference number: 1051 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: \Box Project Participant \Box Focal Point Name of entity: Focal Point Fortum Corporation \Box Focal Point Address: PL 1 000048 FORTUM Finland
Production of Plantar, Brazil Project/programme of activities reference number: 1051 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: Fortum Corporation Address: PL 1 00048 FORTUM □
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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 Project Participant Name of entity: Fortum Corporation Address: PL 1 00048 FORTUM
programme of activities and hereby requests the following changes to its contact details: ☑ Project Participant □ Focal Point Name of entity: Fortum Corporation Address: PL 1 00048 FORTUM
Fortum Corporation Address: PL 1 00048 FORTUM
PL 1 00048 FORTUM
Party (country authorizing participation): Finland
Contact details (primary authorized signatory): Mr. 🗌 Ms. 🖂
Last name: Rehell Telephone 1:
First name: UllaTelephone 2 (optional):
Email: Fax (optional):
Specimen signature:Date (dd/mm/yyyy):
Contact details (alternate authorized signatory): Mr. 🛛 Ms.
Last name: Rauramo Telephone 1:
First name: MarkusTelephone 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/yyy
(Add lines for signatories as necessary. Only one signatory per entity is required.)

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.