## **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:	23/03/2018		
SECTION 1: C	DM PROJECT/PROG	RAMME OF ACTIVITIES DETAILS	
Title of the project / programme of activities:		AVN08-S-01, Methane Recovery and Biogas Utilization Project, Nghe An Province, Vietnam	
Project / programme of activities reference number:		2636	
SECTION 2: ADDITIC		SAL NAME OF A PROJECT PARTICIPANT	
	participant entity ( <i>if sele</i> Ided as a project particip 5. By providing a specime	cted, indicate former name below) pant or is newly named in respect of the above CDM en signature below, the project participant confirms its	
Name of entity: The Norwegian Ministry of Clima	te and Environment		
Address: P.O.Box 8013 Dep 0030 Oslo Norway			
<b>Party (country authorizing parti</b> Norway	cipation):		
End-date of participation:	N/A (participation	is not limited in time) dd/mm/yyyy	
Contact details (primary author	ized signatory):	Mr. 🔲 Ms. 🛛	
Last name: Evjen		Telephone 1:	
First name: Anne		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. 🛛 Ms.	
Last name: Klakeg		Telephone 1:	
First name: Sigurd		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
project / programme of activities acceptance of the current modal Name of entity: Agasco Limited	participant entity ( <i>if sele</i> Ided as a project particip s. By providing a specime	cted, indicate former name below) pant or is newly named in respect of the above CDM en signature below, the project participant confirms its	
Address: Eagle Tower Montpellier Drive GL50 1TA Cheltenham United Kingdom of Great Britain a	und Northern Ireland		
Party (country authorizing parti Switzerland on 03.0	cipation):		

## **CDM-MOC-FORM**

End-date of participation:	$\bowtie$ N/A (participation is not limited in time) $\square$ dd/mm/yyyy			
Contact details (primary authorized signatory):		Mr. 🛛 Ms.		
Last name: Atkinson		Telephone 1:		
First name: Ben		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. 🗖 Ms. 🛛		
Last name: Atkinson		Telephone 1:		
First name: Sigrid		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 nece	essary. Only one signatory	per focal point is required.)		
		/		