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: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS					
Title of the project / programme of activities:		VN08-WWS-04, Methane Recovery and Biogas Utilization Project, Lao Cai Province, Vietnam			
Project / programme of activities reference number:		2639			
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES					
Name of entity: Norwegian Minstry of Climate and Environment					
Address: P.O. Box 8013 Dep N0030 Oslo Norway					
Party (country authorizing participation): Norway					
End-date of participation:	■ N/A (participation i	is not limited in time)			
Contact details (primary authorize	ed 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):			
Name of entity: Agasco Limited					
Address: Eagle Tower Montpellier Drive GL50 1TA Cheltenham United Kingdom of Great Britain and					
Party (country authorizing participal Switzerland	pation):				

CDM-MOC-FORM

End-date of participation:	☑ N/A (participation is not limited in time) ☐ 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 necessary. Only one signatory per focal point is required.)					