## **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:	09/01/2020	
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project/programme of activities:	Qingxi 28MW Hydropower Project in Guizhou Province, China	
Project/programme of activities reference number:	2448	
SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)		
The following entity is an existing project participant/foc: programme of activities and hereby requests the followin ☑ Project Participant		
Name of entity: MGM Carbon Portfolio S.a.r.l.		
Address: 15, Boulevard F.W. Raiffeisen L - 2411 Luxembourg Luxembourg		
Party (country authorizing participation): Netherlands		
Contact details (primary authorized signatory):	Mr. 🛛 Ms.	
Last name: Fernandez de Mello e Souza	Telephone 1:	
First name: Pablo	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. 🔲 Ms. 🛛	
Last name: Calazans Albuquerque	Telephone 1:	
First name: Daniela	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: MGM Carbon Portfolio S.a.r.l.		
Address: 15, Boulevard F.W. Raiffeisen L - 2411 Luxembourg Luxembourg		
Party (country authorizing participation): Switzerland		
Contact details (primary authorized signatory):	Mr. 🛛 Ms.	
Last name: Fernandez de Mello e Souza	Telephone 1:	
First name: Pablo	Telephone 2 (optional):	
Email:	Fax (optional):	

CDM-MOC-FORM

	CDM-MOC-FORM
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. 🔲 Ms. 🔀
Last name: Calazans Albuquerque	Telephone 1:
First name: Daniela	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of authorized signatory:	or the project participant to whom the changes apply (*) 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)	
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.