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:		13/07/2015	
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project / programme of activities:		African Improved Cooking Stoves Programme of Activities	
Project / programme of activities reference number:		5342	
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES			
Name of entity: Swedish Energy Agency			
Address: Kungsgatan 43 63104 Eskilstuna Sweden			
Party (country authorizing participation): Sweden			
End-date of participation:	N/A (participation	is not limited in time)	
Contact details (primary authorized signatory):		Mr.⊠ Ms.□	
Last name: Hansen		Telephone 1:	
First name: Ola		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature: Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):		Mr. ⊠ Ms.□	
Last name: Zink		Telephone 1:	
First name: Christopher		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature: Date (dd/mm/yyyy):			
Signature(s) of the focal point for Name of authorized signatory:	scope of authority (b)	Signature	Date: dd/mm/yyyy
(Add lines for signatories as necessary. Only one signatory per focal point is required.)			