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:			24/06/2013
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project / programme of activities:		Liaoning Kangping Dongsheng Wind Power Project	
Project / programme of activities reference number:		4104	
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES			
Name of entity: Kommunalkredit Public Consulting GmbH			
Address: Türkenstrasse 9 A-1092 Vienna Austria			
Party (country authorizing participation): Austria			
End-date of participation:	■ N/A (participation	is not limited in time) dd/mm/	уууу
Contact details (primary authorized signatory):		Mr. ⊠ Ms.□	
Last name: Diernhofer		Telephone 1:	
First name: Wolfgang		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature: Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):		Mr. ☐ Ms.⊠	
Last name: Stockinger		Telephone 1:	
First name: Andrea		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.)			