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.

CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS Title of the project/programme of activities: Sudokwon Landfill Gas Electricity Generation Project (50MW) Project/programme of activities reference number: 0941 SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS) 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: B Project Participant ⊠ Focal Point Name of entity: Sudokwon Landfill Site Management Corporation Address: S8, Backscok-Dong, Seo-Gu 22688 Incheon Republic of Korea Party (country authorizing participation): Mr ⊠ Ms.□ Last name: Park Telephone 1: First name: Kiyeong Telephone 2 (optional): Email: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr ⊠ Ms.□ Last name: Shin Telephone 1: First name: Shin First name: Shin Telephone 2 (optional): Email: Specimen signature: Date (dd/mm/yyyy): Date (dd/mm/yyyy):	Date of submission:		08/02/2019	
Title of the project/programme of activities: Sudokwon Landfill Gas Electricity Generation Project (50MW) Project/programme of activities reference number: 0941 SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS) 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: Project Participant ⊠ Focal Point Name of entity: Sudokwon Landfill Site Management Corporation Address: S8, Backscok-Dong, Seo-Gu 28, Backscok-Dong, Seo-Gu 2268B Incheon Republic of Korea Telephone 1: Contact details (primary authorized signatory): Mr. ⊠ Ms.□ Last name: Park Telephone 1: First name: Kiyeong Telephone 1: Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. ⊠ Ms.□ Last name: Shin Telephone 1: First name: Shin Telephone 1: First name: ByungChul Telephone 2 (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Signature(s) of the focal point for scope of authority (b) or the pr				
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Signature(s) of the focal point for scope of authority (b) or the project participant to whom the changes apply (*)	Email:	Fax (optional):		
	Specimen signature:	Date (dd/mm/yyyy):		
Name of authorized signatory: 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)			
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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.