

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:		24/07/2014
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project / programme of activities:		Dashiqiao Central Heating Project
Project / programme of activities reference number:		5640
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES		
<input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity <i>(if selected, indicate former name below)</i> The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.		
Name of entity: Cementos Portland Valderrivas, S.A		
Address: Jose Abascal, 59, 28003 Madrid 28003 Madrid Spain		
Party (country authorizing participation): Spain		
End-date of participation:		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Urculo Bareno		Telephone 1:
First name: Jaime		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
<input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity <i>(if selected, indicate former name below)</i> The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.		
Name of entity: Compania Espanola de Petroleo, S.A (CEPSA)		
Address: Avda. Del Partenon, 12 Madrid Spain		
Party (country authorizing participation): Spain		
End-date of participation:		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Molina Felix		Telephone 1:
First name: Federico		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):		Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Revilla Sanchez		Telephone 1:
First name: Susana		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
<input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.		
Name of entity: Comercial de Materiales de Construccion, SL - COMAC		
Address: Jose Abascal, 53, 28003, Madrid, Spain 28003 Madrid Spain		
Party (country authorizing participation): Spain		
End-date of participation:		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Ibanez Otero		Telephone 1:
First name: Ramon		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Zaragoza Ramirez		Telephone 1:
First name: Aniceto		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
<input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.		
Name of entity: E.ON Generacion S.L		
Address: Isabel Torres, 25-CP 39011 - Santander 39011 Santander Spain		
Party (country authorizing participation): Spain		
End-date of participation:		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Anzola Perez		Telephone 1:
First name: Javier		Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Casado Garcia	Telephone 1:
First name: Daniel	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.	
Name of entity: Endesa Generacion, S.A	
Address: C/Ribera del Loira 60, 28042 Madrid, Spain 28042 Madrid Spain	
Party (country authorizing participation): Spain	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Abad Puertolas	Telephone 1:
First name: Maria Antonia	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.	
Name of entity: Gas Natural SDG, S.A	
Address: Avenida San Luis 77, 28033, Madrid, Spain 28033 Madrid Spain	
Party (country authorizing participation): Spain	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Goni Esparza	Telephone 1:
First name: Fernando	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Ferrer Ripoll		Telephone 1:
First name: Carlos		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
<input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.		
Name of entity: Hidroelectrica del Cantabrico, S.A		
Address: Plaza de la Gesta 2, 33007 Oviedo, Spain 33007 Oviedo Spain		
Party (country authorizing participation): Spain		
End-date of participation:		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Garcia Marinas		Telephone 1:
First name: Juan Carlos		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
<input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.		
Name of entity: Iberdrola Generacion, S.A.U.		
Address: Plaza Euskadi 5, 48009 Bilbao, Spain 48009 Bilbao Spain		
Party (country authorizing participation): Spain		
End-date of participation:		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Alonso de las Fuentes		Telephone 1:
First name: Felix		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Loma-Osorio Riano		Telephone 1:
First name: Eduardo		Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity (<i>if selected, indicate former name below</i>) The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.	
Name of entity: Repsol YPF, S.A	
Address: Mendez Alvaro 44, 28045, Madrid, Spain 28045 Madrid Spain	
Party (country authorizing participation): Spain	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Casado Padilla	Telephone 1:
First name: Luis	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity (<i>if selected, indicate former name below</i>) The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.	
Name of entity: Zeoemissions Carbon Trust, S.A	
Address: C/ Energia Solar, 1, Seville, Spain Seville Spain	
Party (country authorizing participation): Spain	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Malo	Telephone 1:
First name: Nuria	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.)