

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:		07/10/2019
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project/programme of activities:		Darajat Unit III Geothermal Project
Project/programme of activities reference number:		0673
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES		
<input type="checkbox"/> Add project participant entity <input checked="" 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: Star Energy Geothermal Darajat II, Limited		
Address: Sentral Senayan Office Tower 25th floor, Jl. Asia Afrika No.8 10270 Jakarta Indonesia		
Former name of project participant entity (if applicable): Chevron Geothermal Indonesia, LTD		
Party (country authorizing participation): Indonesia		
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: Tan		Telephone 1:
First name: Hendra Soetjipto		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: Noor		Telephone 1:
First name: Gusti Randika Pratama		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.)		