

## 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.

<b>Date of submission:</b>	15/02/2013
<b>CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>	
<b>Title of the project/programme of activities:</b>	Biogas project, BAJ Unit 6
<b>Project/programme of activities reference number:</b>	2631
<b>SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)</b>	
<b>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>	
<input checked="" type="checkbox"/> Project Participant	<input checked="" type="checkbox"/> Focal Point
<b>Name of entity:</b> Cargill International SA	
<b>Address:</b> 14 chemin de Normandie 1206 Geneva, Switzerland 1206 Geneva Switzerland	
<b>Party (country authorizing participation):</b> Switzerland	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Dwyer	Telephone 1:
First name: Michael	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>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>	
<input checked="" type="checkbox"/> Project Participant	<input checked="" type="checkbox"/> Focal Point
<b>Name of entity:</b> PT. Budi Acid Jaya	
<b>Address:</b> Wisma Budi 8th-9th floor Jl. H.R. Rasuna Said Kav. C6 Jakarta 12940, Indonesia 12940 Jakarta Indonesia	
<b>Party (country authorizing participation):</b> Indonesia	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Tasmin	Telephone 1:
First name: Sudarmo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Winata	Telephone 1:
First name: Santoso	Telephone 2 (optional):

