

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:	22/01/2014
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	Wugang Waste Gas Recovery and Power Generation Project
Project/programme of activities reference number:	3328
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:	
<input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
Name of entity: Enel Trade SpA	
Address: Viale Regina Margherita 125 00198 Rome Italy	
Party (country authorizing participation): Italy	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Garofalo	Telephone 1:
First name: Dario	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
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:	
<input type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point	
Name of entity: Enel Trade SpA	
Address: Viale Regina Margherita 125 00198 Rome Italy	
Party (country authorizing participation): Italy	
Contact details (primary authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Vitto	Telephone 1:
First name: Viviana	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: Argentieri	Telephone 1:
First name: Vincenzo	Telephone 2 (optional):
Email:	Fax (optional):

