

## 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>		12/12/2024	
<b>CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>			
<b>Title of the project/programme of activities:</b>		BII NEE STIPA	
<b>Project/programme of activities reference number:</b>		0107	
<b>SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES</b>			
<input type="checkbox"/> Add project participant entity <input checked="" type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) <b>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.</b>			
<b>Name of entity:</b> Siemens Gamesa Renewable Energy Wind Farms S.A.			
<b>Address:</b> Parque tecnológico de Bizkaia Building, 100 48170 Zamudio Spain			
<b>Former name of project participant entity (if applicable):</b> GAMESA ENERGIA, S.A			
<b>Party (country authorizing participation):</b> Spain			
<b>End-date of participation:</b>		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
<b>Contact details (primary authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Jensen		Telephone 1:	
First name: Jonas Pagh		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<input type="checkbox"/> Add project participant entity <input checked="" type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) <b>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.</b>			
<b>Name of entity:</b> Siemens Gamesa Renewable Energy Wind Farms S.A.			
<b>Address:</b> Parque tecnológico de Bizkaia Building, 100 48170 Zamudio Spain			
<b>Former name of project participant entity (if applicable):</b> GAMESA ENERGIA, S.A			
<b>Party (country authorizing participation):</b> Mexico			
<b>End-date of participation:</b>		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
<b>Contact details (primary authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Jensen		Telephone 1:	
First name: Jonas Pagh		Telephone 2 (optional):	

Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):
<input type="checkbox"/> Add project participant entity <input checked="" type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) <b>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.</b>		
<b>Name of entity:</b> Enel Green Power México, S. de R.L. de C.V.		
<b>Address:</b> Avenida Ejército Nacional 769 11520 Mexico City Mexico		
<b>Former name of project participant entity (if applicable):</b> Impulsora Nacional de Electricidad S. de R.L. de C.V.		
<b>Party (country authorizing participation):</b> Mexico		
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
<b>Contact details (primary authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Rodriguez Joya	Telephone 1:	
First name: Juliana	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):
<b>Signature(s) of the focal point for scope of authority (b)</b> Name of authorized signatory: _____ Signature _____ Date: dd/mm/yyyy _____            		
(Add lines for signatories as necessary. Only one signatory per focal point is required.)		