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:		10	0/12/2020
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project / programme of activities:		Cabo Leones Wind Farm	
Project / programme of activities reference number:		9741	
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES			
Name of entity: ALLCOT COLOMBIA SAS			
Address: Av.Cra 45# 100-12 Oficina 401. Bogotá, Colombia BOGOTA Colombia			
Party (country authorizing participation): Colombia			
End-date of participation:	■ N/A (participation	is not limited in time) dd/mm/yy	ууу
Contact details (primary authorized signatory):		Mr. ⊠ Ms.□	
Last name: Leroy		Telephone 1:	
First name: Alexis		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature: Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):		Mr. ⋈ Ms.□	
Last name: Neuvonen		Telephone 1:	
First name: Tommi		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature: Date (dd/mm/yyyy):			
Signature(s) of the focal point for Name of authorized signatory:	scope of authority (b)	Signature	Date: dd/mm/yyyy
(Add lines for signatories as necessary. Only one signatory per focal point is required.)			