

## 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>	18/12/2018
<b>CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>	
<b>Title of the project/programme of activities:</b>	Improved Cook Stoves programme for Rwanda
<b>Project/programme of activities reference number:</b>	6207
<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> atmosfair gGmbH	
<b>Address:</b> Zossener Strasse 55-58 10961 Berlin Germany	
<b>Party (country authorizing participation):</b> Rwanda	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Brockhagen	Telephone 1:
First name: Dietrich	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: Widdel	Telephone 1:
First name: Florian	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> atmosfair gGmbH	
<b>Address:</b> Zossener Strasse 55-58 10961 Berlin Germany	
<b>Party (country authorizing participation):</b> Cameroon	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Brockhagen	Telephone 1:
First name: Dietrich	Telephone 2 (optional):
Email:	Fax (optional):

