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.

| CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS Title of the project/programme of activities: Chile: Hornitos Hydroelectric Project Project/programme of activities reference number: 1374 SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES Add project participant entity Colspan="2">Colspan="2"Colspa | F/PROGRAMME OF ACTIVITIES DETAILS | |
|--|---|--|
| Project/programme of activities reference number: 1374 SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES □Add project participant entity ENTITY/IES □Add project participant entity (<i>if selected, indicate former name below</i>) 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. Name of entity: Colbun S.A. Address: Av. Apoquindo 4775, Piso 11, Las ondes Santiago Chile Party (country authorizing participant entity (<i>if applicable</i>): Hidroelectrica Guardia Vieja S.A. Party (country authorizing participant entity (<i>if applicable</i>): Chile End-date of participation: Chile Image: Mr. @ Ms. □ Last name: Schaeffer Telephone 1: First name: Juan Pablo Telephone 2 (optional): Enail: Fax (optional): | | |
| SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES Add project participant entity | ities: Chile: Hornitos Hydroelectric Project | |
| ENTITY/IES □ Add project participant entity if selected, indicate former name below) □ 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. Name of entity: Colbun S.A. Address: Av. Apoquindo 4775, Piso 11, Las Condes Santiago Chile Former name of project participant entity (if applicable): Hidroelectrica Guardia Vieja S.A. Party (country authorizing participation): Chile End-date of participation: Mane: Signatory: Mr. ⊠ Ms.□ Last name: Scheffer First name: Telephone 1: First name: Telephone 2 (optional): Email: Fax (optional): | ce number: 1374 | |
| ⊠ Change legal name of project participant entity (if selected, indicate former name below) 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.Name of entity: | | |
| Colbun S.A. Address: Av. Apoquindo 4775, Piso 11, Las Condes Santiago Chile Former name of project participant entity (if applicable): Hidroelectrica Guardia Vieja S.A. Party (country authorizing participation): Chile End-date of participation: Ø N/A (participation in time) □ dd/mm/yyyy Contact details (primary authorized signatory): Mr. Ø Ms.□ Last name: Schaeffer First name: Juan Pablo Email: Farty (coptional): | a project participant or is newly named in respect of the above CDM oviding a specimen signature below, the project participant confirms its | |
| Av. Apoquindo 4775, Piso 11, Las Condes Santiago ChileFormer name of project participant entity (if applicable): Hidroelectrica Guardia Vieja S.A.Party (country authorizing participation): | | |
| Hidroelectrica Guardia Vieja S.A. Party (country authorizing participation): Chile End-date of participation: ☑ N/A (participation is not limited in time) □ dd/mm/yyyy Contact details (primary authorized signatory): Mr. ☑ Ms.□ Last name: Schaeffer Telephone 1: First name: Juan Pablo Telephone 2 (optional): Email: Fax (optional): | | |
| Chile End-date of participation: ⊠ N/A (participation is not limited in time) □ dd/mm/yyyy Contact details (primary authorized signatory): Mr. ⊠ Ms.□ Last name: Schaeffer Telephone 1: First name: Juan Pablo Telephone 2 (optional): Email: Fax (optional): | ty (if applicable): | |
| Contact details (primary authorized signatory):Mr. Image: Mr. Image: Mr. Image: SchaefferLast name: SchaefferTelephone 1:First name: Juan PabloTelephone 2 (optional):Email:Fax (optional): |): | |
| Last name: SchaefferTelephone 1:First name: Juan PabloTelephone 2 (optional):Email:Fax (optional): | /A (participation is not limited in time) dd/mm/yyyy | |
| First name: Juan PabloTelephone 2 (optional):Email:Fax (optional): | atory): Mr.⊠ Ms.□ | |
| Email: Fax (optional): | Telephone 1: | |
| | Telephone 2 (optional): | |
| | Fax (optional): | |
| Specimen signature: Date (dd/mm/yyyy): | Date (dd/mm/yyyy): | |
| Contact details (alternate authorized signatory): Mr. 🛛 Ms. | natory): Mr. 🛛 Ms. 🗌 | |
| Last name: Mosella Telephone 1: | Telephone 1: | |
| First name: Cristian Telephone 2 (optional): | Telephone 2 (optional): | |
| Email: Fax (optional): | Fax (optional): | |
| Specimen signature: Date (dd/mm/yyyy): | Date (dd/mm/yyyy): | |
| | | |
| Signature(s) of the focal point for scope of authority (b) Image: Name of authorized signatory: Signature Date: dd/mm/yyy Name of authorized signatory: Signature Image: Signature Date: dd/mm/yyy | • • • | |

(Add lines for signatories as necessary. Only one signatory per focal point is required.)