

## 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>	19/03/2018
<b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>	
<b>Title of the project / programme of activities:</b>	Landfill gas recovery and combustion with renewable energy generation from sanitary landfill sites under Land Bank of the Philippines Carbon Finance Support Facility
<b>Project / programme of activities reference number:</b>	6707
<b>SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES</b>	
<input checked="" type="checkbox"/> <b>Add project participant entity</b> <input type="checkbox"/> <b>Change legal name of project participant entity</b> (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> Norwegian Ministry of Climate and Environment	
<b>Address:</b> Kongensgate 20 0030 Oslo Norway	
<b>Party (country authorizing participation):</b> Norway	
<b>End-date of participation:</b>	<input type="checkbox"/> N/A (participation is not limited in time) <input checked="" type="checkbox"/> 30/06/2022
<b>Contact details (primary authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Evjen	Telephone 1:
First name: Anne Smeby	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: Klakeg	Telephone 1:
First name: Sigurd	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<input checked="" type="checkbox"/> <b>Add project participant entity</b> <input type="checkbox"/> <b>Change legal name of project participant entity</b> (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> Swedish Energy Agency	
<b>Address:</b> Box 310 632 04 Eskilstuna Sweden	
<b>Party (country authorizing participation):</b> Sweden	

<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: Zink	Telephone 1:	
First name: Christopher	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: Gustafsson	Telephone 1:	
First name: Christer	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.)		