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:		19/03/2018		
SECTION 1: CD	M PROJECT/PROG	GRAMME OF ACTIVITIES DETAILS		
Title of the project / programme of activities:		Landfill gas recovery and combustion with renewable energy generation from sanitary landfill sites under Land Bank of the Philippines Carbon Finance Support Facility		
Project / programme of activities reference number:		6707		
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES				
	led as a project particip By providing a specim	ected, indicate former name below) pant or is newly named in respect of the above CDM en signature below, the project participant confirms its		
Name of entity: Norwegian Ministry of Climate and	Environment			
Address: Kongensgate 20 0030 Oslo Norway				
Party (country authorizing participation): Norway				
End-date of participation:	☐ N/A (participation	is not limited in time)		
Contact details (primary authoriz	ed signatory):	Mr. ☐ Ms. ☒		
Last name: Evjen		Telephone 1:		
First name: Anne Smeby		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr.⊠ Ms.□		
Last name: Klakeg		Telephone 1:		
First name: Sigurd		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature: Date (dd/mm/yyyy):				
project / programme of activities. acceptance of the current modalit Name of entity: Swedish Energy Agency Address: Box 310 632 04 Eskilstuna Sweden	led as a project particip By providing a specimo ies of communication.	ected, indicate former name below) pant or is newly named in respect of the above CDM en signature below, the project participant confirms its		
Party (country authorizing partic Sweden	ipation):			

CDM-MOC-FORM

End-date of participation:	☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy			
Contact details (primary authorized signatory):		Mr. ⋈ Ms. □		
Last name: Zink		Telephone 1:		
First name: Christopher		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. ☑ Ms. □		
Last name: Gustafsson		Telephone 1:		
First name: Christer		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Signature(s) of the focal point for scope of authority (b)				
Name of authorized signatory:		Signature	Date: dd/mm/yyyy	
(Add lines for signatories as necessary. Only one signatory per focal point is required.)				