

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: | 22/09/2015 |
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS | |
| Title of the project / programme of activities: | Installation of Solar Home Systems in Bangladesh |
| Project / programme of activities reference number: | 2765 |
| SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES | |
| <input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> 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: Kommunalkredit Public Consulting GmbH | |
| Address: Tuerkenstrasse 9 1092 Vienna Austria | |
| Party (country authorizing participation): Austria | |
| End-date of participation: | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| Contact details (primary authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Diernhofer | Telephone 1: |
| First name: Wolfgang | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| Contact details (alternate authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Gauss | Telephone 1: |
| First name: Martin | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| <input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> 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: SSAB Europe Oy | |
| Address: Harvialantie 420 13300 Hameenlinna Finland | |
| Party (country authorizing participation): Finland | |
| End-date of participation: | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |

| | | |
|---|--|--|
| Contact details (primary authorized signatory): | | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Huhtala | | Telephone 1: |
| First name: Olavi | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| Contact details (alternate authorized signatory): | | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Lindqvist | | Telephone 1: |
| First name: Martin | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| <input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of 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: Italian Ministry for the Environment Land and Sea | | |
| Address: Via Cristoforo Colombo, 44 Italy | | |
| Party (country authorizing participation): Italy | | |
| End-date of participation: | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy | |
| Contact details (primary authorized signatory): | | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: La Camera | | Telephone 1: |
| First name: Francesco | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| <input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of 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: Ministry of Sustainable Development and Infrastructure | | |
| Address: 4, Place de l'Europe L-2918 Luxembourg | | |
| Party (country authorizing participation): Luxembourg | | |
| End-date of participation: | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy | |
| Contact details (primary authorized signatory): | | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Haïne | | Telephone 1: |
| First name: Henri | | Telephone 2 (optional): |

| | | |
|--|--|------------------|
| Email: | Fax (optional): | |
| Specimen signature: | Date (dd/mm/yyyy): | |
| <input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> 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: Daiwa Securities Co. Ltd. | | |
| Address: 1-9-1 Marunouchi, Chiyoda-ku 100-6752 Tokyo Japan | | |
| Party (country authorizing participation): Japan | | |
| End-date of participation: | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy | |
| Contact details (primary authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> | |
| Last name: Ando | Telephone 1: | |
| First name: Masatsugu | Telephone 2 (optional): | |
| Email: | Fax (optional): | |
| Specimen signature: | Date (dd/mm/yyyy): | |
| Contact details (alternate authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> | |
| Last name: Aramaki | Telephone 1: | |
| First name: Koichiro | 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.) | | |