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					
Name of entity: Kommunalkredit Public Consulting GmbH					
Address: Tuerkenstrasse 9 1092 Vienna Austria					
Party (country authorizing participation): Austria					
End-date of participation:	☑ N/A (participation i	s not limited in time)			
Contact details (primary authorized signatory):		Mr. ☑ Ms. □			
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. ☑ Ms. ☐			
Last name: Gauss		Telephone 1:			
First name: Martin		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature: Date (dd/mm/yyyy):					
Address: Harvialantie 420 13300 Hameenlinna Finland					
Party (country authorizing participation): Finland					
End-date of participation: N/A (participation is not limited in time) dd/mm/yyyy					

Contact details (primary authorized signatory):		Mr. ☑ Ms. □			
Last name: Huhtala		Telephone 1:			
irst name: Olavi		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature: Date (dd/mm/yyyy):					
Contact details (alternate authori	zed signatory):	Mr. ⊠ Ms.□			
Last name: Lindqvist		Telephone 1:			
First name: Martin		Telephone 2 (optional):			
Email:	mail: Fax (optional):				
Specimen signature:		Date (dd/mm/yyyy):			
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:	☑ N/A (participation)	s not limited in time)			
0 4 4 1 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ed signatory):	Mr. ⊠ Ms.□			
Contact details (primary authoriz	<i>• • /</i>	Telephone 1:			
Last name: La Camera		Telephone 1:			
	U V	Telephone 1: Telephone 2 (optional):			
Last name: La Camera		•			
Last name: La Camera First name: Francesco		Telephone 2 (optional):			
Last name: La Camera First name: Francesco Email:		Telephone 2 (optional): Fax (optional):			
Last name: La Camera First name: Francesco Email: Specimen signature: Add project participant entity Change legal name of project p The following entity is hereby add project / programme of activities. acceptance of the current modalit	articipant entity (if sele led as a project particip By providing a specimo	Telephone 2 (optional): Fax (optional): Date (dd/mm/yyyy):			
Last name: La Camera First name: Francesco Email: Specimen signature:	articipant entity (if sele led as a project particip By providing a specimo ies of communication.	Telephone 2 (optional): Fax (optional): Date (dd/mm/yyyy): cted, indicate former name below) ant or is newly named in respect of the above CDM			
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CDM-MOC-FORM

Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
	led as a project particip By providing a specim	ected, indicate former name below) pant or is newly named in respect of the signature below, the project partic	
Name of entity: Daiwa Securities Co. Ltd.			
Address: 1-9-1 Marunouchi, Chiyoda-ku 100-6752 Tokyo Japan			
Party (country authorizing partic Japan	ipation):		
End-date of participation:	N/A (participation	is not limited in time) dd/mm/yyyy	/
Contact details (primary authorize	zed signatory):	Mr. ☑ Ms. □	
Last name: Ando		Telephone 1:	
First name: Masatsugu		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authori	zed signatory):	Mr. ⋈ Ms. □	
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	ary. Only one signatory p	per focal point is required.)	