

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:		20/10/2014
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project/programme of activities:	Project for the catalytic reduction of N ₂ O emissions with a secondary catalyst inside the ammonia reactor of the No. 9 nitric acid plant at African Explosives Ltd ("AEL"), South Africa	
Project/programme of activities reference number:	1171	
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES		
<input type="checkbox"/> Add project participant entity <input checked="" 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: AEL Mining Services Limited		
Address: 1 Platinum Drive 1645 Johannesburg South Africa		
Former name of project participant entity (if applicable): African Explosives Limited		
Party (country authorizing participation): Switzerland		
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: Roberts	Telephone 1:	
First name: Trevor	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: Slabbert		Telephone 1:
First name: Sean		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.)