

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:	27/05/2022
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project / programme of activities:	Guanacaste Wind Farm
Project / programme of activities reference number:	4147
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 <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: ELECTRABEL S.A.	
Address: Boulevard Simon Bolivar 34 1000 Brussels Belgium	
Party (country authorizing participation): Switzerland	
End-date of participation:	<input type="checkbox"/> N/A (participation is not limited in time) <input checked="" type="checkbox"/> 31/12/2022
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: MANUEL	Telephone 1:
First name: ALEXIS	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: ELECTRABEL S.A.	
Address: Boulevard Simon Bolivar 34 1000 Brussels Belgium	
Party (country authorizing participation): Switzerland	
End-date of participation:	<input type="checkbox"/> N/A (participation is not limited in time) <input checked="" type="checkbox"/> 31/12/2022
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: CRUYSMANS	Telephone 1:
First name: CHARLES	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.)