## **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:   |                           | 02/12/2020  |                  |
|---|---------------------------|---|------------------|
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS  |                           |   |                  |
| Title of the project / programme of activities:   |                           | Grid connected electricity generation using natural gas by Lanco Kondapalli Power Private Limited |                  |
| Project / programme of activities reference number:   |                           | 5554  |                  |
| SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES                      |                           |   |                  |
|   |                           |   |                  |
| Name of entity: EKI Energy Services Limited   |                           |   |                  |
| Address: EnKing Embassy Office No. 201 Plot 48, Scheme 78, Part 2 Vijay Nagar 452010 Indore India |                           |   |                  |
| Party (country authorizing participation): Australia  |                           |   |                  |
| End-date of participation:  | N/A (participation :      | is not limited in time)   |                  |
| Contact details (primary authoriz   | zed signatory):           | Mr. ☑ Ms. □   |                  |
| Last name: Sharma   |                           | Telephone 1:  |                  |
| First name: Naveen  |                           | 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 r | per focal point is required )   |                  |
| (1 100 111100 101 DIGHUIOTION UN HOCOSO   | ary. Omy one signatory p  | or room point is required.)   |                  |