

## 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.

<b>Date of submission:</b>	09/11/2018
<b>CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>	
<b>Title of the project/programme of activities:</b>	Bujagali Hydropower Project
<b>Project/programme of activities reference number:</b>	4217
<b>SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)</b>	
<b>The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:</b>	
<input checked="" type="checkbox"/> Project Participant <span style="margin-left: 200px;"><input checked="" type="checkbox"/> Focal Point</span>	
<b>Name of entity:</b> Bujagali Energy Limited	
<b>Address:</b> P.O. Box 186, 8kms Kayunga Road, Kikubamutwe, Jinja Uganda Uganda	
<b>Party (country authorizing participation):</b> Uganda	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Berry	Telephone 1:
First name: John	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Ossiya	Telephone 1:
First name: Josephine	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:</b>	
<input checked="" type="checkbox"/> Project Participant <span style="margin-left: 200px;"><input type="checkbox"/> Focal Point</span>	
<b>Name of entity:</b> Government of Uganda, Ministry of Energy and Mineral Development	
<b>Address:</b> Amber House P.O. Box 7270 Kampala, Uganda Uganda	
<b>Party (country authorizing participation):</b> Uganda	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Kasande	Telephone 1:
First name: Robert	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:		Date (dd/mm/yyyy):	
<b>Contact details (alternate authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Baanabe		Telephone 1:	
First name: James		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<p><b>The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:</b></p> <input checked="" type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point			
<b>Name of entity:</b> Bujagali Energy Limited			
<b>Address:</b> P.O. Box 186, 8kms Kayunga Road, Kikubamutwe, Jinja Uganda Uganda			
<b>Party (country authorizing participation):</b> Netherlands			
<b>Contact details (primary authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Berry		Telephone 1:	
First name: John		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<b>Contact details (alternate authorized signatory):</b>		Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Ossiya		Telephone 1:	
First name: Josephine		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<b>Signature(s) of the focal point for scope of authority (b) or the project participant to whom the changes apply (*)</b> Name of authorized signatory: _____ Signature _____ Date: dd/mm/yyyy			
(Add lines for signatories as necessary. Only one signatory per entity is required.)			
(*) In the case of programme of activities, this section shall be signed by the focal point(s) for scope (b)			
<b>DISCLAIMER: Any new representative for a focal point entity is understood to hold the same authority designated to him/her by the entity as that held by the previous signatory.</b>			
<b>If a change to a project participant requested in this section is also applicable to a focal point entity, it is understood that the project participant and the focal point are the same legal entity, with the same legal registration in the respective jurisdiction.</b>			