## **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:		23/03/2018		
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS				
Title of the project / programme of activities:		VN08-WWS-03, Methane Recovery and Biogas Utilization Project, Yen Bai Province, Vietnam		
Project / programme of activities reference number:		2638		
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES				
Name of entity: The Norwegian Ministry of Climate and Environment				
Address: P.O. Box 8013 Dep N0030 Oslo Norway				
Party (country authorizing participation): Norway				
End-date of participation:	N/A (participation i	s not limited in time)		
Contact details (primary authorized	signatory):	Mr. □ Ms.⊠		
Last name: Evjen		Telephone 1:		
First name: Anne		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. ☑ Ms. □		
Last name: Klakeg		Telephone 1:		
First name: Sigurd		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Name of entity: Agasco Limited				
Address: Eagle Tower Montpellier Drive GL50 1TA Cheltenham United Kingdom of Great Britain and N				
Party (country authorizing participal Switzerland	tion):			

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End-date of participation:	☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy				
Contact details (primary authorized signatory):		Mr. ☑ Ms. □			
Last name: Atkinson		Telephone 1:			
First name: Ben		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):		Mr. ☐ Ms. ☒			
Last name: Atkinson		Telephone 1:			
First name: Sigrid		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.)					