

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:	01/06/2016
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	Moldova Energy Conservation and Greenhouse Gases Emissions Reduction
Project/programme of activities reference number:	0173
SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)	
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:	
<input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
Name of entity: Danish Ministry of Climate, Energy and Building/Danish Energy Agency	
Address: Amaliegade 44, 1256 Copenhagen K Denmark	
Party (country authorizing participation): Denmark	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Havskov Sorensen	Telephone 1:
First name: Kristian	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: Beck	Telephone 1:
First name: Anton	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
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:	
<input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
Name of entity: Aalborg Portland A/S	
Address: Rordalsvej 44, 9220 Aalborg Ost Denmark	
Party (country authorizing participation): Denmark	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Holm Christensen	Telephone 1:
First name: Soren	Telephone 2 (optional):
Email:	Fax (optional):

