

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:		26/01/2021
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project/programme of activities:		Plaine Des Roches Wind Farm
Project/programme of activities reference number:		5212
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES		
<input type="checkbox"/> Add project participant entity <input checked="" type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) 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: QAIR (Mauritius) Ltd		
Address: Suite 17D Uniciti Office Park Black River Road 90203 Unicity Mauritius		
Former name of project participant entity (if applicable): AEROWATT Mauritius Ltd		
Party (country authorizing participation): Mauritius		
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Gaering		Telephone 1:
First name: Olivier		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: Oudin		Telephone 1:
First name: Cyril		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.)