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:			03/09/2015	
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS				
Title of the project / programme of activities:		India-FaL-G Brick and Blocks Project No.3		
Project / programme of activities reference number:		4831		
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES				
Name of entity: Kommunalkredit Public Consulting GmbH				
Address: Tuerkenstrasse 9 1092 Vienna Austria				
Party (country authorizing participation): Austria				
End-date of participation:	☑ N/A (participation i	is not limited in time)		
Contact details (primary authorized signatory):		Mr. ☑ Ms. □		
Last name: Diernhofer		Telephone 1:		
First name: Wolfgang		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature: Date (dd/mm/yyyy):				
Contact details (alternate authorized signatory):		Mr.⊠ Ms.□		
Last name: Gauss		Telephone 1:		
First name: Martin		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Japan				
End-date of participation: N/A (participation is not limited in time) dd/mm/yyyy				

CDM-MOC-FORM

Contact details (primary authorized signatory):	Mr.⊠ Ms.□		
Last name: Ando	Telephone 1:		
First name: Masatsugu	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):	Mr.⊠ Ms.□		
Last name: Aramaki	Telephone 1:		
First name: Koichiro	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.)			