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:	24/05/2017
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	Olavarría Landfill Gas Recovery Project
Project/programme of activities reference number:	0140
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: ☒ Project Participant ☐ Focal Point	
Name of entity: BASF SE	
Address: Carl-Bosch-Str. 38 67056 Ludwigshafen am Rhein Germany	
Party (country authorizing participation): Germany	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Dimmler	Telephone 1:
First name: Markus	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: ☒ Project Participant ☐ Focal Point	
Name of entity: Daiwa Securities Co.Ltd.	
Address: 1-9-1 Marunouchi, Chiyoda-ku 100-6752 Tokyo Japan	
Party (country authorizing participation): Japan	
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):
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: ☒ Project Participant ☐ Focal Point	
Name of entity: Endesa Generacion, S.A.	

Address: Avda.de la Borbolla 5 41004 Sevilla Spain	
Party (country authorizing participation): Spain	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Corregidor Sanz	Telephone 1:
First name: David	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: ☒ Project Participant	☐ Focal Point
Name of entity: GAS NATURAL SDG, S.A.	
Address: Avenida San Luis, 77, 2A 28033 Madrid Spain	
Party (country authorizing participation): Spain	
Contact details (primary authorized signatory):	Mr. ☐ Ms. ☒
Last name: Cortes Rodrigo	Telephone 1:
First name: Ana	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☒
Last name: Landeira Morillo	Telephone 1:
First name: Alejandra	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: ☒ Project Participant	☐ Focal Point
Name of entity: Idemitsu Kosan Co.,Ltd.	
Address: 1-1, Marunouchi 3-Chome, Chiyoda-Ku 100-8321 Tokyo Japan	
Party (country authorizing participation): Japan	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Sono	Telephone 1:
First name: Naoya	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Uesugi	Telephone 1:
First name: Kenji	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: ☒ Project Participant	☐ Focal Point
Name of entity: KfW	
Address: Palmengartenstrasse 5-9 60325 Frankfurt am Main Germany	
Party (country authorizing participation): Germany	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Harnisch	Telephone 1:
First name: Jochen	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Boerner	Telephone 1:
First name: Matthias	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: ☒ Project Participant	☐ Focal Point
Name of entity: The Okinawa Electric Power Co.,Inc	
Address: 5-2-1, Makiminato, Urasoe 901-2602 Okinawa Japan	
Party (country authorizing participation): Japan	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Ikehara	Telephone 1:
First name: Akira	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:

☒ Project Participant ☐ Focal Point

Name of entity:
Ruukki Metals Oy

Address:
Harvialantie 420
13300 Hameenlinna
Finland

Party (country authorizing participation):
Finland

Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Huhtala	Telephone 1:
First name: Olavi	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:

☒ Project Participant ☐ Focal Point

Name of entity:
Kingdom of Spain - Ministry of Agriculture, Food and Environment and Ministry of Economy and Competitiveness

Address:
C/Alcala 92
28009 Madrid
Spain

Party (country authorizing participation):
Spain

Contact details (primary authorized signatory):	Mr. ☐ Ms. ☒
Last name: Ulargui Aparicio	Telephone 1:
First name: Valvanera	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:

☒ Project Participant ☐ Focal Point

Name of entity:
Statkraft Carbon Invest AS

Address:
Lilleakerveien 6
0283 Oslo
Norway

Party (country authorizing participation):
Norway

Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Wist	Telephone 1:
First name: Arne	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:

☒ Project Participant ☐ Focal Point

Name of entity:
Statoil ASA

Address:
Forusbeen 50
4033 Stavanger
Norway

Party (country authorizing participation):
Norway

Contact details (primary authorized signatory):	Mr. ☐ Ms. ☒
Last name: Bech	Telephone 1:
First name: Gjertrud Groven	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:

☒ Project Participant ☐ Focal Point

Name of entity:
Schweizerische Ruckversicherungsgesellschaft AG (Swiss Re)

Address:
Mythenquai 50/60
8022 Zurich
Switzerland

Party (country authorizing participation):
Switzerland

Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: ECKERT	Telephone 1:
First name: Vincent	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Signature(s) of the focal point for scope of authority (b) or the project participant to whom the changes apply (*)

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)

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.

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.