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:	27/01/2017	
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project/programme of activities:	SPP5 Solar Power Project	
Project/programme of activities reference number:	8649	
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: Asian Development Bank, as Trustee of the Future Carbon Fund		
Address: 6 ADB Avenue 1550 Mandaluyong City Philippines		
Party (country authorizing participation): Sweden		
Contact details (primary authorized signatory):	Mr. ☐ Ms. ☒	
Last name: Locsin	Telephone 1:	
First name: Ma. Carmela D.	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☒	
Last name: Leung	Telephone 1:	
First name: Amy	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: ☐ Focal Point		
Name of entity: Swedish Energy Agency		
Address: P.O. Box 310 SE-631 04 Eskilstuna Sweden		
Party (country authorizing participation): Sweden		
Contact details (primary authorized signatory):	Mr. ☐ Ms. ☒	
Last name: Christell	Telephone 1:	
First name: Annika	Telephone 2 (optional):	
Email:	Fax (optional):	

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Specimen signature:	Date (dd/mm/yyy	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	
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(Add lines for signatories as necessary. Only	one signatory per entity is required.)		
(*) In the case of programme of activities, th	is section shall be signed by the focal point	(s) for scope (b)	
DISCLAIMER: Any new representative for designated to him/her by the entity as that	- v	old the same authority	
If a change to a project participant reques	sted in this section is also annlicable to a	focal point entity it is	
understood that the project participant and		- · · · · · · · · · · · · · · · · · · ·	
registration in the respective jurisdiction.	1	• /	