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:		22/10/2019
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		ILS
Title of the project/programme of activities: Cable Cars Metro Medellín, Colombia		
Project/programme of activities reference number:	3224	
SECTION 4: CHANGE OF CONTACT DETAIL	S OF ENTITY/IES (PROJE	CCT 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: Image: Second system of activities and hereby requests the following changes to its contact details: Image: Second system of activities and hereby requests the following changes to its contact details: Image: Second system of activities and hereby requests the following changes to its contact details: Image: Second system of activities and hereby requests the following changes to its contact details: Image: Second system of activities and hereby requests the following changes to its contact details: Image: Second system of activities and hereby requests the following changes to its contact details: Image: Second system of activities and hereby requests the following changes to its contact details:		
Name of entity: Empresa de Transporte Masivo del Valle de Aburra Ltda. (ETMVA)		
Address: Calle 44 46 001 Municipality of Bello, Antioquia 051051 Bello Colombia		
Party (country authorizing participation): Colombia		
Contact details (primary authorized signatory):	Mr. 🛛 Ms.	
Last name: Elejalde Escobar	Telephone 1:	
First name: Tomas Andres	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.	
Last name: Restrepo Garcia	Telephone 1:	
First name: Jorge Mario	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.