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:		05/10/2012			
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS					
Title of the project / programme of activities:		Bundled 15 MW Wind Power Project in India			
Project / programme of activities reference number:		0986			
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES					
Name of entity: Asian Development Bank, as trustee of the Asia Pacific Carbon Fund					
Address: 6 ADB Avenue, Metro Manila 1550 Mandaluyong Philippines					
Party (country authorizing participation): Spain					
End-date of participation:	☑ N/A (participation i	s not limited in time)			
Contact details (primary authorized signatory):		Mr. ⊠ Ms. □			
Last name: Chander		Telephone 1:			
First name: Seethapathy		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Contact details (alternate authori	zed signatory):	Mr. ☑ Ms. ☐			
Last name: Um		Telephone 1:			
First name: Woochong		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Name of entity: Asian Development Bank, as trustee of the Asia Pacific Carbon Fund					
Address: 6 ADB Avenue, Metro Manila 1550 Mandaluyong Philippines					
Party (country authorizing participation): Sweden					
End-date of participation:	■ N/A (participation i	s not limited in time) \(\Pi\) dd/mm/yyyy			

Contact details (primary authorized signatory):		Mr. ⊠ Ms.□		
Last name: Chander		Telephone 1:		
First name: Seethapathy		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. ⋈ Ms.		
Last name: Um		Telephone 1:		
First name: Woochong		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Name of entity: Kingdom of Spain				
Address: Alcalá, 92 28009 Madrid Spain				
Party (country authorizing participation): Spain				
End-date of participation:	N/A (participation i	s not limited in time)		
Contact details (primary authoriz	zed signatory):	Mr. □ Ms.⊠		
Last name: Magro Andrade		Telephone 1:		
First name: Susana		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature: Date (dd/mm/yyyy):				
Contact details (alternate authorized signatory):		Mr. ⋈ Ms.		
Last name: Soler Vera		Telephone 1:		
First name: Alberto		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Swedish Energy Agency				

Address: P.O. Box 310, SE 63104 Eskilstuna Sweden						
Party (country authorizing participation): Sweden						
End-date of participation:	☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy					
Contact details (primary authorize	zed signatory):	Mr.⊠ Ms.□				
Last name: Boström		Telephone 1:				
First name: Bengt		Telephone 2 (optional):				
Email:		Fax (optional):				
Specimen signature:		Date (dd/mm/yyyy):				
Contact details (alternate authorized signatory):		Mr. □ Ms.⊠				
Last name: Myrman		Telephone 1:				
First name: Johanna		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.)						