

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:		25/04/2014
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project / programme of activities:		Codana Biogas Project (CBP)
Project / programme of activities reference number:		2654
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES		
<input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity <i>(if selected, indicate former name below)</i> The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.		
Name of entity: Ministry of Infrastructure and the Environment		
Address: Plesmanweg 1-6, 2597 JG The Hague, The Netherlands Netherlands		
Party (country authorizing participation): Netherlands		
End-date of participation:		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: van Hagen		Telephone 1:
First name: Fredericus		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
<input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity <i>(if selected, indicate former name below)</i> The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.		
Name of entity: Corporación Andina de Fomento (CAF) as administrator of the “CAF-Netherlands CDM Facility”		
Address: Cra 9 No 76-49 Piso 7 Bogota – Colombia Colombia		
Party (country authorizing participation): Netherlands		
End-date of participation:		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):		Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Gomez		Telephone 1:
First name: Mary		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>

Last name: Rojas	Telephone 1:
First name: Camilo	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.)	