

## 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.

<b>Date of submission:</b>	17/04/2013
<b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>	
<b>Title of the project / programme of activities:</b>	Uganda Municipal Waste Compost Programme
<b>Project / programme of activities reference number:</b>	2956
<b>SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES</b>	
<input checked="" type="checkbox"/> <b>Add project participant entity</b> <input type="checkbox"/> <b>Change legal name of project participant entity</b> <i>(if selected, indicate former name below)</i> <b>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.</b>	
<b>Name of entity:</b> Aalborg Portland A/S	
<b>Address:</b> Roerdalsvej 44, 9100 Aalborg 9100 Aalborg Denmark	
<b>Party (country authorizing participation):</b> Denmark	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Christensen	Telephone 1:
First name: Soeren Holm	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<input checked="" type="checkbox"/> <b>Add project participant entity</b> <input type="checkbox"/> <b>Change legal name of project participant entity</b> <i>(if selected, indicate former name below)</i> <b>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.</b>	
<b>Name of entity:</b> Ruukki Metals Oy	
<b>Address:</b> P.O.BOX 138, Suolakivenkatu 1, 00811 Helsinki 00811 Helsinki Finland	
<b>Party (country authorizing participation):</b> Finland	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Hemminki	Telephone 1:
First name: Toni	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.)