## **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:			13/03/2020
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project / programme of activities:		Methane Recovery in Wastewater Treatment, Project AIN07-W-05, Sumatera Utara, Indonesia	
Project / programme of activities reference number:		2621	
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES			
Name of entity: PT. Knowledge Integration Services			
Address: Office 88 Kota Kasablanka Lt. 9 Unit C, Tower A Jl. Kasablanka Raya Kav. 88 12870 Jakarta Indonesia			
Party (country authorizing participation): Indonesia			
End-date of participation:	☑ N/A (participation)	is not limited in time)  dd/mn	n/yyyy
Contact details (primary authoriz	ed signatory):	Mr. ⋈ Ms. □	
Last name: Raghunath		Telephone 1:	
First name: K R		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.)			