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:		19/07/2013			
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS					
Title of the project / programme of activities:		Vaayu India Wind Power Project in Jaisalmer, Rajasthan			
Project / programme of activities reference number:		5186			
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES					
Add project participant entity 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: Asian Development Bank, as trustee of the Asia Pacific Carbon Fund					
Address: 6 ADB Avenue, Mandaluyong City, 1550 Metro Manila Philippines					
Party (country authorizing participation): Spain					
End-date of participation:	N/A (participation	is not limited in time) 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 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):			
Add project participant entity 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: Asian Development Bank, as trustee of the Asia Pacific Carbon Fund					
Address: 6 ADB Avenue, Mandaluyong City, 1550 Metro Manila Philippines					
Party (country authorizing participation): Sweden					
End-date of participation:	\square N/A (participation is not limited in time) \square dd/mm/yyyy				

CDM-MOC-FORM

acceptance of the current modalities of communication. Name of entity: Kingdom of Spain Address: Alcala, 92, 28009 Madrid Spain Party (country authorizing participation): Spain End-date of participation: Mr	Contact details (primary authorized signatory):	Mr. 🛛 Ms.			
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): ☑ Add project participant entity Fax (optional): Change legal name of project participant entity (if selected, indicate former name below) The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / pro	Last name: Chander	Telephone 1:			
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Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy): MAdd project participant entity	Last name: Soler Vera	Telephone 1:			
Specimen signature: Date (dd/mm/yyyy): Specimen signature: Date (dd/mm/yyyy):	First name: Alberto	Telephone 2 (optional):			
⊠Add project participant entity	Email:	Fax (optional):			
	Specimen signature: Date (dd/mm/yyyy):				
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Name of entity: Swedish Energy Agency					

Address: P. O. Box 310, SE-631 04 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 authorized signatory):		Mr. 🛛 Ms.				
Last name: Boström		Telephone 1:				
First name: Bengt		Telephone 2 (optional):				
Email:		Fax (optional):	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	r scope of authority (b))				
Name of authorized signatory:	1 2 (Signature	Date: dd/mm/yyyy			
(Add lines for signatories as necessary. Only one signatory per focal point is required.)						
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