

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:		04/11/2022
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project / programme of activities:	40 MW Grid Connected Wind Power Project	
Project / programme of activities reference number:	1600	
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: ACT Financial Solutions B.V.		
Address: Atrium building, 8th floor, Strawinskylaan 3127 1077 ZX amsterdam Netherlands		
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland		
End-date of participation:	<input type="checkbox"/> N/A (participation is not limited in time) <input checked="" type="checkbox"/> 31/03/2023	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Sijbrandij	Telephone 1:	
First name: Robbert	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.)		