

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:	06/07/2023
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	Garganta da Jararaca Small Hydroelectric Power Plant (SHP)
Project/programme of activities reference number:	0809
SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)	
The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:	
<input checked="" type="checkbox"/> Project Participant	<input checked="" type="checkbox"/> Focal Point
Name of entity: Rio do Sanguê Energia S.A.	
Address: Rua João Francisco, 385 - Sala C. Várzea 50741000 Recife Brazil	
Party (country authorizing participation): Brazil	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Mattos Assunção	Telephone 1:
First name: Rodrigo	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: Posternak	Telephone 1:
First name: Sergio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:	
<input checked="" type="checkbox"/> Project Participant	<input checked="" type="checkbox"/> Focal Point
Name of entity: Ecopart Assessoria em Negócios Empresariais Ltda.	
Address: Rua Padre João Manuel, 222 041411-000 São Paulo Brazil	
Party (country authorizing participation): Brazil	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Martins Junior	Telephone 1:
First name: Carlos	Telephone 2 (optional):
Email:	Fax (optional):

