## **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:		23/08/2012			
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS					
Title of the project / programme of activities:		Wind power project at Tamilnadu by Powerica Limited			
Project / programme of activities reference number:		3327			
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES					
Name of entity: Asian Development Bank as a Trustee of Asia Pacific Carbon Fund					
Address: 6 ADB Avenue, Mandaluyong City 1550, Metro Manila, Philippines 1550 Mandaluyong City Philippines					
Party (country authorizing participation): Spain					
End-date of participation:	☑ N/A (participation is a participation in the participation in the participation is a participation in the participation in the participation is a participation in the participation in the participation is a participation in the participation i	is not limited in time)  dd/mm/yyyy			
Contact details (primary authoriz	zed 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 authorized signatory):		Mr. ⋈ Ms.□			
Last name: Um		Telephone 1:			
First name: Woochong		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Name of entity: Asian Development Bank as a Trustee of Asia Pacific Carbon Fund					
Address: 6 ADB Avenue, Mandaluyong City 1550, Metro Manila, Philippines 1550 Mandaluyong City Philippines  Party (country outborizing participation):					
Party (country authorizing participation):					

End-date of participation:	N/A (participation i	s not limited in time)			
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 authorized signatory):		Mr. ⊠ Ms.□			
Last name: Um		Telephone 1:			
First name: Woochong		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Name of entity: Kingdom of Spain					
Address: Alcala, 92, Madrid 28009, Spain Madrid Spain					
Party (country authorizing participation): Spain					
End-date of participation:	N/A (participation i	s not limited in time)  dd/mm/yyyy			
Contact details (primary authoriz	zed signatory):	Mr. □ Ms.⊠			
Last name: Magro Andrade		Telephone 1:			
First name: Susana		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Contact details (alternate authori	zed signatory):	Mr.⊠ Ms.□			
Last name: Soler Vera		Telephone 1:			
First name: Alberto		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Swedish Energy Agency					

Address: P.O. Box 310, SE - 63104 Eskilstuna, Sweden 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: Bostrom		Telephone 1:				
First name: Bengt		Telephone 2 (optional):				
Email:		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 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.)						