

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:		18/11/2015
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project/programme of activities:		Central de Resíduos do Recreio Landfill Gas Project (CRRLGP)
Project/programme of activities reference number:		0648
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES		
<input type="checkbox"/> Add project participant entity <input checked="" 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: Companhia Riograndense de Valorização de Resíduos S/A		
Address: Largo Visconde do Cairú, 12 - Sala 1304 90030-110 Porto Alegre, RS Brazil		
Former name of project participant entity (if applicable): SIL Soluções Ambientais Ltda.		
Party (country authorizing participation): Brazil		
End-date of participation:		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Hartmann		Telephone 1:
First name: Fernando		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.)		