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:	16/06/2016	
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project/programme of activities:	N2O Emission Reduction in nitric acid plant Paulínia, SP, Brazil	
Project/programme of activities reference number:	1011	
SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)		
The following entity is an existing project participant/foc: programme of activities and hereby requests the followin ☑ Project Participant		
Name of entity: Rhodia Energy GHG		
Address: 25 Rue de Clichy 75009 Paris France		
Party (country authorizing participation): France		
Contact details (primary authorized signatory):	Mr. 🛛 Ms.	
Last name: Lee	Telephone 1:	
First name: Ju Seung	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.	
Last name: Chevallier	Telephone 1:	
First name: Philippe	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: Image: Comparison of the project participant Image: Comparison of the project participant		
Name of entity: Rhodia Energy GHG SAS		
Address: 25 Rue de Clichy 75009 Paris France		
Party (country authorizing participation): Switzerland		
Contact details (primary authorized signatory):	Mr. 🛛 Ms. 🗖	
Last name: Lee	Telephone 1:	
First name: Ju Seung	Telephone 2 (optional):	
Email:	Fax (optional):	

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Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.	
Last name: Chevallier	Telephone 1:	
First name: Philippe	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: ☑ Project Participant		
Name of entity: Rhodia Energy Brazil Ltda		
Address: Avenida Dr. Roberto Moreira, 5005 13148-914 Paulinia Brazil		
Party (country authorizing participation): Brazil		
Contact details (primary authorized signatory):	Mr. 🛛 Ms.	
Last name: Lee	Telephone 1:	
First name: Ju Seung	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.	
Last name: Damore	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: Project Participant		
Name of entity: Rhodia Energy		
Address: 11 Cours Valmy, Tour La Pacific 92977 Paris La Defense France		
Party (country authorizing participation): France		
Contact details (primary authorized signatory):	Mr. 🛛 Ms.	
Last name: Lee	Telephone 1:	
First name: Ju Seung	Telephone 2 (optional):	
Email:	Fax (optional):	

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Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.
Last name: Chevallier	Telephone 1:
First name: Philippe	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
The following entity is an existing project participant/ programme of activities and hereby requests the follow Project Participant	focal point entity in respect of the above CDM project / wing changes to its contact details:
Name of entity: Orbeo	
Address: 11 Cours Valmy, Tour Societe Generale 92987 Paris La Defense France	
Party (country authorizing participation): France	
Contact details (primary authorized signatory):	Mr. 🛛 Ms.
Last name: Lee	Telephone 1:
First name: Ju Seung	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.
Last name: Chevallier	Telephone 1:
First name: Philippe	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
	b) or the project participant to whom the changes apply (*)
Name of authorized signatory:	Signature Date: dd/mm/yyyy
(Add lines for signatories as necessary. Only one signatory per entity is required.)	
(*) In the case of programme of activities, this section sha	all be signed by the focal point(s) for scope (b)
DISCLAIMER: Any new representative for a focal podesignated to him/her by the entity as that held by the	
If a change to a project participant requested in this section is also applicable to a focal point entity, it is understood that the project participant and the focal point are the same legal entity, with the same legal registration in the respective jurisdiction.	