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:	10/09	9/2021		
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS				
Title of the project / programme of activities:		SHPs Albano Machado and Rio dos Índios CDM Project (JUN1115)		
Project / programme of activities reference number:		6465		
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES				
Name of entity: Allcot AG				
Address: Bahnhofstrasse 10 CH-6300 Zug Switzerland				
Party (country authorizing participation): Switzerland				
End-date of participation:	nd-date of participation: ☐ N/A (participation is not limited in time) ☐ 31/12/2021			
Contact details (primary authorized signatory):		Mr. ☐ Ms.⊠		
Last name: Garcia		Telephone 1:		
First name: Mercedes		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature: Date (dd/mm/yyyy):				
Contact details (alternate authorized signatory):		Mr. ☐ Ms.⊠		
Last name: de Oliveira		Telephone 1:		
First name: Mary		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature: Date (dd/mm/yyyy):				
Signature(s) of the focal point for Name of authorized signatory:	scope of authority (b)	Signature	Date: dd/mm/yyyy	
(Add lines for signatories as necessary	(Add lines for signatories as necessary. Only one signatory per focal point is required.)			