

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:	08/11/2012	
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project/programme of activities:	Improving Rural Livelihoods Through Carbon Sequestration By Adopting Environment Friendly Technology based Agroforestry Practices	
Project/programme of activities reference number:	4531	
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 (if selected, indicate former name below) 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: Kingdom of Spain - Ministry of Agriculture, Food and Environment and Ministry of Economy and Competitiveness		
Address: Alcala, 92, Madrid 28009, Spain 28009 Madrid Spain		
Former name of project participant entity (if applicable): Kingdom of Spain - Ministry of Environment and Rural and Marine Affairs & Ministry of Economy and Finance		
Party (country authorizing participation): Spain		
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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Magro Andrade	Telephone 1:	
First name: Susana	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: Soler Vera	Telephone 1:	
First name: Alberto	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.)