## **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:		31/	03/2023	
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS				
Title of the project / programme of activities:		Porto do Delta Wind Power Plant CDM Project		
Project / programme of activities reference number:		7027		
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES				
Name of entity: Ecopart Assessoria em Negocios Empresariais Ltda.				
Address: Rua Padre João Manuel 222 SP 01411-000 São Paulo Brazil				
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland				
End-date of participation:	☑ N/A (participation i)	s not limited in time)		
Contact details (primary authorized signatory):		Mr. ☑ Ms. □		
Last name: Martins Junior		Telephone 1:		
First name: Carlos		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. ☑ Ms. ☐		
Last name: Esparta		Telephone 1:		
First name: Adelino Ricardo		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:  Date (dd/mm/yyyy):				
Name of entity: WayCarbon Soluções Ambientais e Projetos de Carbono S.A.				
Address: Rua Paraíba, 1000, 7° andar, bairro Funcionários / MG 30130-141 Belo Horizonte Brazil				
Party (country authorizing participation): Brazil				
End-date of participation:	N/A (participation i	s not limited in time) \( \square \text{dd/mm/yvv} \)	V	

## CDM-MOC-FORM

Contact details (primary authorized signatory):	Mr.⊠ Ms.□		
Last name: Ribeiro Bittencourt	Telephone 1:		
First name: Felipe	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):	Mr. ⊠ Ms.□		
Last name: Labrandero Bustillo	Telephone 1:		
First name: Andres	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.)			