## **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.

CM       Project/PROGRAMME OF ACTIVITIES DETAILS         Title of the project/programme of activities:       Central de Residuos do Recreio Landfill Gas Project         Project/programme of activities:       0648         SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)         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       □ Pocal Point         Name of entity:       Japan Carbon Finance Ld.         Address:       23-3 lehbam-Cho, Chiyoda-Ku         20-2082 Tekstop       Japan         Party (country authorizing participation):       Japan         Japan       Telephone 1:         First name: Tomoyuki       Telephone 1:         First name: Aga       Telephone 2 (optional):         Specimen signature:       Date (dd/mm/yyyy):         Signature(s) of the focel point for scope of authority (b) or the project participant to whom the ch	Dete of submission:		04/02/2014	
Title of the project/programme of activities:       Central de Residuos do Recreio Landfill Gas Project (CRRI GP)         Project/programme of activities reference number:       0648         SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITIVIES (PROJECT PARTICIPANTS AND FOCAL POINTS)         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:         Q Froject Participant       I-local Point         Japan Carbon Finance Ld.       Address:         23-3. Johinar-Cho, Chiyoda-Ku       I-local Point         1202082 Tokyo       Japan         Party (country authorized signatory):         Mr. M M.       Telephone 1:         First name: Tomoyuki       Telephone 2 (optional):         Email:       Pact (drinn/yyyy):         Contact details (alternate authorized signatory):         Mr. Ms.@       Last name: Cohiai         First name: Aya       Telephone 1:	Date of submission:		04/02/2014	
(CRR1 GP)         Project/programme of activities reference number:       0648         SECTION 4: CHANGE OF CONTACT DETAILS OF PROJECT PARTICIPANTS AND FOCAL POINTS         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: B Project Participant         Name of entity: Japan Carbon Finance Ltd.         Address: 23-3, [ch/bm-Cho, Chiyoda-Ku 102-082 Tokyo Japan         Party (country authorizing participation): Japan         Contact details (primary authorized signatory):       Mr. M Ms []         Last name: Ochiai       Telephone 1: First name: Tomoyuki         Email:       Pate (optional):         Specimen signature:       Date (dd/mm/yyyy):         Contact details (alternate authorized signatory):       Mr. Ms Ms []         Last name: Idaegawa       Telephone 1: First name: Hasegawa         First name: Aya       Telephone 2 (optional): Email:         Specimen signature:       Date (dd/mm/yyyy):         Signature(v) of the focal point for scope of authority (b) or the project participant to whom the changes apply (*) Name of authorized signatory:       Signature         Signature(v) of the focal point for scope of authority (b) or the project participant to whom the changes apply (*) Name of authorized signatory:       Signature         Out: dd/mm/yyyy       Signature       Date: dd/	CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/JES (PROJECT PARTICIPANTS AND FOC/L POINTS)         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:	Title of the project/programme of activities:		o Landfill Gas Project	
AND FOCAL POINTS)         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 fis contact details:         Project Participant       □Focal Point         Name of entity:       □apan Carbon Finance Ltd.         Address:       23-3,1chiban-Cho, Chiyoda-Ku         102-082 Tokyo       Japan         Party (country authorizing participation):       Mr. M M. M. M.         Japan       Mr. M. M.         Contact details (primary authorized signatory):       Mr. M. M.         First name: Cohiai       Telephone 1:         First name: Cohiai       Telephone 2 (optional):         Specimen signature:       Date (dd/mm/yyyy):         Contact details (alternate authorized signatory):       Mr. M. M. M.         Last name: Hasegawa       Telephone 1:         First name: Aya       Telephone 2 (optional):         Email:       Fax (optional):         Specimen signature:       Date (dd/mm/yyyy):         Signature(s) of the focal point for scope of authority (b) or the project participant to whom the changes apply (*)         Name of authorized signatory:       Signature         Date: dd/mm/yyyy       Signature is of authorized signatory:         Kottat details (alternate authorized signatory:       Signatu	Project/programme of activities reference number:	0648		
programme of activities and hereby requests the following changes to its contact details:       Image: Changes to its contact details:         Name of cutity:       Image: Changes to its contact details:       Image: Changes to its contact details:         Japan Carbon Finance Ltd.       Address:       23-3, Ichiban-Cho, Chiyoda-Ku         O2-0082 Tokyoo       Japan       Image: Changes tokyoo         Japan       Party (country authorizing participation):       Mr. Image: Ms. Image: Changes tokyoo         Japan       Contact details (primary authorized signatory):       Mr. Image: Ms. Image: Changes tokyoo         Last name: Ochiai       Telephone 1:         First name: Tomoyuki       Telephone 2 (optional):         Email:       Date (dd/mm/yyyy):         Contact details (alternate authorized signatory):       Mr. Image: Ms. Image				
Japan Carbon Finance Ltd.  Adress: 23-3. Jchiban-Cho, Chiyoda-Ku 102-0082 Tokyo Japan  Party (country authorizing participation): Japan  Contact details (primary authorized signatory):  Kaname: Ochiai  First name: Ochiai  First name: Tomoyuki  Email:  Contact details (alternate authorized signatory):  Date (dd/mm/yyyy):  Contact details (alternate authorized signatory:  Date (dd/mm/yyyy):  Contact details (alternate authorized signatory:  Date (dd/mm/yyyy):  Contact details (alternate authorized signatory:  Contact det	programme of activities and hereby requests the following changes to its contact details:			
23-3,1chiban-Cho, Chiyoda-Ku 102-0082 Tokyo Japan  Contact details (primary authorized signatory): Mr  Ms  Ms  L Last name: Ochiai First name: Tomoyuki Email: Specimen signature: Contact details (alternate authorized signatory): Mr  Ms. Mr  Ms. Contact details (alternate authorized signatory): Mr  Ms. Mr  Contact details (alternate authorized signatory): Mr  Specimen signature: Contact details (alternate authorized signatory): Mr  Contact details (alternate authorized signatory): Mr  Specimen signature: Mr  Contact details (alternate authorized signatory): Mr  Contact details (alternate authorized signatory: Date: dd/mn/yyyy): Signature Date: dd/mn/yyyy (Add lines for signatories as necessary. Only one signatory per entity is required.)				
Japan       Mr. I Ms. I         Contact details (primary authorized signatory):       Mr. Ms. I         Last name: Ochiai       Telephone 1:         First name: Tomoyuki       Fax (optional):         Email:       Fax (optional):         Specimen signature:       Date (dd/mm/yyyy):         Contact details (alternate authorized signatory):       Mr. I Ms. Ø         Last name: Hasegawa       Telephone 1:         First name: Aya       Telephone 2 (optional):         Email:       Fax (optional):         Specimen signature:       Date (dd/mm/yyyy):         Specimen signature:       Date (dd/mm/yyyy):         Signature(s) of the focal point for scope of authority (b) or the project participant to whom the changes apply (*)         Name of authorized signatory:       Signature         Signature for signatories as necessary. Only one signatory per entity is required.)	23-3,Ichiban-Cho, Chiyoda-Ku 102-0082 Tokyo			
Last name: Ochiai       Telephone 1:         First name: Tomoyuki       Telephone 2 (optional):         Email:       Fax (optional):         Specimen signature:       Date (dd/mm/yyyy):         Contact details (alternate authorized signatory):       Mr Ms. X         Last name: Hasegawa       Telephone 1:         First name: Aya       Telephone 2 (optional):         Email:       Fax (optional):         Specimen signature:       Date (dd/mm/yyyy):         Specimen signature:       Date (dd/mm/yyyy):         Signature(s) of the focal point for scope of authority (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.)				
First name: Tomoyuki       Telephone 2 (optional):         Email:       Fax (optional):         Specimen signature:       Date (dd/mm/yyyy):         Contact details (alternate authorized signatory):       Mr. I Ms. I Ms. I         Last name: Hasegawa       Telephone 1:         First name: Aya       Telephone 2 (optional):         Email:       Telephone 2 (optional):         Specimen signature:       Date (dd/mm/yyyy):         Signature(s) of the focal point for scope of authority (b) the project participant to whom the changes apply (*)         Name of authorized signatory:       Signature         Oate: dd/mm/yyyy         (Add lines for signatories as necessary. Only one signatory entity is required.)	Contact details (primary authorized signatory):	Mr. 🛛 Ms.		
Email:       Fax (optional):         Specimen signature:       Date (dd/mm/yyyy):         Contact details (alternate authorized signatory):       Mr. I Ms. Image: Ms	Last name: Ochiai	Telephone 1:		
Specimen signature:       Date (dd/mm/yyyy):         Contact details (alternate authorized signatory):       Mr. □ Ms. ⊠         Last name: Hasegawa       Telephone 1:         First name: Aya       Telephone 2 (optional):         Email:       Fax (optional):         Specimen signature:       Date (dd/mm/yyyy):         Signature(s) of the focal point for scope of authority (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.)	First name: Tomoyuki	Telephone 2 (optional):		
Contact details (alternate authorized signatory):       Mr. ☐ Ms. ☑         Last name: Hasegawa       Telephone 1:         First name: Aya       Telephone 2 (optional):         Email:       Fax (optional):         Specimen signature:       Date (dd/mm/yyyy):         Signature(s) of the focal point for scope of authority (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.)	Email:	Fax (optional):		
Last name: Hasegawa       Telephone 1:         First name: Aya       Telephone 2 (optional):         Email:       Fax (optional):         Specimen signature:       Date (dd/mm/yyyy):         Signature(s) of the focal point for scope of authority (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.)	Specimen signature:	Date (dd/mm/yyyy):		
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First name: Aya       Telephone 2 (optional):         Email:       Fax (optional):         Specimen signature:       Date (dd/mm/yyyy):         Signature(s) of the focal point for scope of authority (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.)	Contact details (alternate authorized signatory):	Mr. 🗖 Ms. 🛛		
Email:       Fax (optional):         Specimen signature:       Date (dd/mm/yyyy):         Signature(s) of the focal point for scope of authority (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.)	Last name: Hasegawa	Telephone 1:		
Specimen signature:       Date (dd/mm/yyyy):         Signature(s) of the focal point for scope of authority (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.)	First name: Aya	Telephone 2 (optional):		
Signature(s) of the focal point for scope of authority (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.)	Email:	Fax (optional):		
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Name of authorized signatory: Signature Date: dd/mm/yyyy Date: dd/mm/yyyy (Add lines for signatories as necessary. Only one signatory per entity is required.)				
	Name of authorized signatory: Signature Date: dd/mm/yyyy			
			c scope (b)	

**DISCLAIMER:** Any new representative for a focal point entity is understood to hold the same authority designated to him/her by the entity as that held by the previous signatory.

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.