## **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:  |                        |  | 01/03/2017       |
|--|------------------------|--|------------------|
| SECTION 1: CD  | RAMME OF ACTIVITIES    | DETAILS                                |                  |
| Title of the project / programme of activities:  |                        | BioLite Improved Cook stoves Programme |                  |
| Project / programme of activities reference number:  |                        | 7997                                   |                  |
| SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT<br>ENTITY/IES  |                        |  |                  |
| <ul> <li>☑ Add project participant entity</li> <li>☑ Change legal name of project participant entity (if selected, indicate former name below)</li> <li>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.</li> </ul> |                        |  |                  |
| Name of entity:<br>BioLite India Private Limited   |                        |  |                  |
| Address:<br>D-12, Riddhi Avenue, Chikuwadi, Borivali – West<br>400 092 Mumbai<br>India   |                        |  |                  |
| Party (country authorizing participation):<br>India  |                        |  |                  |
| End-date of participation:   | N/A (participation     | is not limited in time) dd/mn          | n/yyyy           |
| Contact details (primary authorized signatory):  |                        | Mr. 🛛 Ms. 🗖                            |                  |
| Last name: Wurster   |                        | Telephone 1:                           |                  |
| First name: Erik   |                        | Telephone 2 (optional):                |                  |
| Email:   |                        | Fax (optional):                        |                  |
| Specimen signature: Date (dd/mm/yyyy):   |                        |  |                  |
| Contact details (alternate authorized signatory):  |                        | Mr. 🛛 Ms.                              |                  |
| Last name: Kay   |                        | Telephone 1:                           |                  |
| First name: Ethan  |                        | Telephone 2 (optional):                |                  |
| Email:   |                        | Fax (optional):                        |                  |
| Specimen signature:  |                        | Date (dd/mm/yyyy):                     |                  |
|  |                        |  |                  |
| <b>Signature(s) of the focal point for</b><br>Name of authorized signatory:  | scope of authority (b) | Signature                              | Date: dd/mm/yyyy |
| (Add lines for signatories as necessary. Only one signatory per focal point is required.)  |                        |  |                  |