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:			25/09/2012		
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS					
Title of the project / programme	of activities:	SHYAM DRI WHR CPP			
Project / programme of activities reference number:		1642			
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES					
Name of entity: Asian Development Bank, as trustee of the Asia Pacific Carbon Fund					
Address: 6 ADB Avenue 1550 Mandaluyong City, Metro Manila Philippines					
Party (country authorizing participation): Spain					
End-date of participation:	■ N/A (participation i	is not limited in time) dd/mn	n/yyyy		
Contact details (primary authorized signatory):		Mr. ☑ Ms. □			
Last name: Chander		Telephone 1:			
First name: Seethapathy		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature: Date (dd/mm/yyyy):					
Contact details (alternate authorized signatory):		Mr. ☑ Ms. □			
Last name: Um		Telephone 1:			
First name: Woochong		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature: Date (dd/mm/yyyy):					
Add project participant entity ☐ 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: Asian Development Bank, as trustee of the Asia Pacific Carbon Fund					
Address: 6 ADB Avenue 1550 Mandaluyong City, Metro Ma Philippines	nila				
Party (country authorizing participation): Sweden					
End-date of participation: N/A (participation is not limited in time) dd/mm/yyyy					

Contact details (primary authoriz	zed signatory):	Mr. ⊠ Ms.□			
Last name: Chander		Telephone 1:			
First name: Seethapathy		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):		Mr. ☑ Ms.□			
Last name: Um		Telephone 1:			
First name: Woochong		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Name of entity: Kingdom of Spain					
Address: Alcala, 92, 28009 Madrid Spain					
Party (country authorizing participation): Spain					
End-date of participation:	☑ N/A (participation i	s not limited in time)			
Contact details (primary authoriz	zed signatory):	Mr. □ Ms.⊠			
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. ⋈ Ms.□			
Last name: Soler Vera		Telephone 1:			
First name: Alberto		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Swedish Energy Agency					

Address: P. O. Box 310 SE-631 04 Eskilstuna Sweden					
Party (country authorizing partices) Sweden	cipation):				
End-date of participation:	☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy				
Contact details (primary authori	zed signatory):	Mr. ☑ Ms. □			
Last name: Bostrom		Telephone 1:			
First name: Bengt		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):		Mr. ☐ Ms.⊠			
Last name: Myrman		Telephone 1:			
First name: Johanna		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:	Specimen signature:				
Signature(s) of the focal point for Name of authorized signatory:	r scope of authority (b)	Signature	Date: dd/mm/yyyy		
(Add lines for signatories as necessary. Only one signatory per focal point is required.)					