

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:		05/12/2024
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project / programme of activities:		San Jacinto Tizate geothermal project
Project / programme of activities reference number:		0198
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES		
<input checked="" type="checkbox"/> Add project participant entity <input 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: ACT Financial Solutions B.V.		
Address: Warnford Court, 29 Throgmorton Street, London, EC2N 2AT EC2N 2AT London United Kingdom of Great Britain and Northern Ireland		
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland		
End-date of participation:		<input type="checkbox"/> N/A (participation is not limited in time) <input checked="" type="checkbox"/> 28/02/2025
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Sijbrandij		Telephone 1:
First name: Robbert		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: Schaapveld		Telephone 1:
First name: Jeroen		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.)		