

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:	18/08/2025
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	N2O Emission Reduction in Paulínia, SP, Brazil
Project/programme of activities reference number:	0116
SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)	
<p>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:</p> <p><input checked="" type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point</p>	
<p>Name of entity: Solvay Energy Services SAS</p>	
<p>Address: 25 Rue de Clichy 75009 Paris France</p>	
<p>Party (country authorizing participation): France</p>	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Kanashiro	Telephone 1:
First name: Vlamir	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<p>Contact details (alternate authorized signatory):</p>	
Last name: Gouveia	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
First name: Daniel	Telephone 1:
Email:	Telephone 2 (optional):
Specimen signature:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<p>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:</p> <p><input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point</p>	
<p>Name of entity: Rhodia Energy GHG SAS</p>	
<p>Address: 25 Rue de Clichy 75009 Paris France</p>	
<p>Party (country authorizing participation): France</p>	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Kanashiro	Telephone 1:
First name: Vlamir	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: Gouveia	Telephone 1:
First name: Daniel	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
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:	
<input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
Name of entity: Rhodia Energy GHG SAS	
Address: 25 Rue de Clichy 75009 Paris France	
Party (country authorizing participation): Switzerland	
Contact details (primary authorized signatory): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Kanashiro	Telephone 1:
First name: Vlamir	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: Gouveia	Telephone 1:
First name: Daniel	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
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:	
<input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
Name of entity: RHODIA BRASIL S.A.	
Address: Avenida Doutor Roberto Moreira, 5005 Recanto dos Pássaros 13148-914 PAULÍNIA Brazil	
Party (country authorizing participation): Brazil	
Contact details (primary authorized signatory): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Kanashiro	Telephone 1:
First name: Vlamir	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	
Last name: Gouveia	
First name: Daniel	
Email:	
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.)	
(*) In the case of programme of activities, this section shall be signed by the focal point(s) for 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.	