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:		09/06/2014	
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project / programme of activities:		Reforestation as Renewable Source of Wood Supplies for Industrial Use in Brazil	
Project / programme of activities reference number:		2569	
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES			
Name of entity: Ministry of Foreign Affairs			
Address: PO Box 8114 Dep., 0032, Norway 0032 Oslo Norway			
Party (country authorizing participation): Norway			
End-date of participation:	☑ N/A (participation)	is not limited in time) dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ⊠ Ms.□	
Last name: Bjornebye		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: Malvik		Telephone 1:	
First name: Henrik		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Signature(s) of the focal point for 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.)			