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:	23/05/2018	
SECTION 1: PROJECT/PROGRAMME DETAILS		
Title of the project/programme of activities:	Félou Regional Hydropower Project	
Project/programme of activities reference number:	3090	
SECTION 3: WITHDRAWAL OF PROJECT PARTICIPANTS ENTITY/IES		
☑ Voluntary withdrawal ☐ Administrative withdrawal		
The following entity is registered as a project participant in the above CDM project / programme of activities and hereby confirms its voluntary consent to be withdrawn.		
Name of entity: Enel Trade S.p.A.		
Party (country authorizing participation): Italy		
Name of authorized signatory: Leonardo Zannella		
Signature:	Date (dd/mm/yyyy):	
✓ Voluntary withdrawal ☐ Administrative withdrawal		
The following entity is registered as a project participant in the above CDM project / programme of activities and hereby confirms its voluntary consent to be withdrawn.		
Name of entity: Electrabel SA		
Party (country authorizing participation): Belgium		
Name of authorized signatory: Maxime Vermeire		
Signature:	Date (dd/mm/yyyy):	
☑ Voluntary withdrawal ☐ Administrative withdrawal		
The following entity is registered as a project participant in the above CDM project / programme of activities and hereby confirms its voluntary consent to be withdrawn.		
Name of entity: Swedish Energy Agency		
Party (country authorizing participation): Sweden		
Name of authorized signatory: Ida Hamilton		
Signature:	Date (dd/mm/yyyy):	
☑ Voluntary withdrawal ☐ Administrative withdrawal		
The following entity is registered as a project participant in the above CDM project / programme of activities and hereby confirms its voluntary consent to be withdrawn.		
Name of entity: Statkraft Markets GmbH		
Party (country authorizing participation): Germany		

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Name of authorized signatory: Stef Peters		
Signature:	Date (dd/mm/yyyy):	
Signature(s) of the focal point for scope of		• •
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, thi	s section shall be signed by the focal poin	at(s) for scope (b)