## **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.

CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS   Title of the project/programme of activities:   Project/programme of activities reference number: 7821   SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)   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:   Project Participant Second point   Name of entity: Standard Bank Pic   Address: 20 Gresham Street   C2V7JF. London United Kingdom of Great Britain and Northern Ireland   Party (country authorizing participation): Mr. Malawi   Contact details (primary authorized signatory): Mr. Ms.   Malawi Telephone 1:   First name: Geoff Telephone 2 (optional):   Email: Pate (optional):   Specimen signature: Date (dd/mm/yyyy):   Contact details (alternate authorized signatory): Mr. Ms.   Last name: Botley Telephone 2 (optional):   Email: Fax (optional):   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 appl	Date of submission:	26/11/2013	
Title of the project/programme of activities: CarbonSoft Open Source PoA, LED Lighting Distribution Pan Africa   Project/programme of activities reference number: 7821   SECTION 4: CHANGE OF CONTACT DETAILS OF CAL POINTSY SPOJECT PARTICIPANTS AND FOCAL POINTSY   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 charges to its contact details: Project Programme of activities and hereby requests the following charges to its contact details:   Q Froscham Street EC2V70E London United Kingdom of Great Britain and Northern Ireland   Party (country authorizing participation): Mr. M Ms.□ Last name: Sinclair   Gortact details (primary authorized signatory): Mr. M Ms.□ Last name: Sinclair   First name: Geoff Telephone 1: Telephone 1:   Frail: Date (dd/mn/yyyy): Contact details (alternate authorized signatory): Mr. M Ms.□   I ast name: Botley Telephone 1: Telephone 1: Telephone 1:   First name: Botley Telephone 2 (optional): Telephone 1: Telephone 2:   Specimen signature: Date (dd/mn/yyyy): Date (dd/mn/yyyy): Date: dd/mn/yyyy):   Signature(s) of the focal point for scope of authority (b) or the project participant to whom the changes apply (4			
SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/JES (PROJECT PARTICIPANTS AND FOCAL POINTS)   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: Project Participant ⊠Hocal Point   Name of entity: Standard Bank Ple Address: 20 Gresham Street EC2V1DE London United Kingdom of Great Britain and Northern Ireland   Party (country authorizing participation): Malawi Mr. ⊠ Ms.□   Contact details (primary authorized signatory): I ast name: Sinclair Mr. ⊠ Ms.□   First name: Geoff Telephone 2 (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. ⊠ Ms.□   Last name: Botley Telephone 1: First name: First name: Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. ⊠ Ms.□ Last name: Botley Telephone 1: First name: 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 (a signatory: Signature (a signatory: Signature (a signatory: Signature (a signatory: Signature (a signatory: Signature (a signatory: Signature (b) of the focal point for scope of authority (b) or the project participant to whom the changes apply (*) Name of authorized signatory: Signature		CarbonSoft Open Source PoA, LED Lighting Distribution	on:
AND FOCAL POINTS)   The following entity is an existing project participant/focal point entity in respect of the above CDM project / project Participant   Project Participant Brocal Point   Name of activities and hereby requests the following changes to its contact details:   Project Participant Brocal Point   Name of entity:   Standard Bank Ple Address:   Address:   20 Gresham Street   EC2V7JE London   United Kingdom of Great Britain and Northern Ireland Party (country authorized signatory):   Malawi Mr. Image: Ms. Im	Project/programme of activities reference number:	7821	
programme of activities and hereby requests the following changes to its contact details: Image: Standard Bank Pie   Name of entity: Standard Bank Pie   Address: 20 Gresham Street   EC2V7JE London United Kingdom of Great Britain and Northern Ireland   Party (country authorizing participation): Mr. ☑ Ms.□   Last name: Sinclair Telephone 1:   First name: Geoff Telephone 2 (optional):   Email: Specimen signature:   Date (dd/mm/yyyy): Date (dd/mm/yyyy):   Contact details (alternate authorized signatory): Mr. ☑ Ms.□   Last name: Botley Telephone 1:   First name: Geoff Telephone 1:   Specimen signature: Date (dd/mm/yyyy):   Contact details (alternate authorized signatory): Mr. ☑ Ms.□   Last name: Botley Telephone 1:   First name: James Telephone 2 (optional):   Email: Specimen signature: Date (dd/mm/yyyy):   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			
Standard Bank Ptc   Address:   20 Gresham Street   EC2Y7JE London   United Kingdom of Great Britain and Northern Ireland   Party (country authorizing participation):   Malawi   Contact details (primary authorized signatory): Mr. ⊠ Ms.□   Last name: Sinclair Telephone 1:   First name: Geoff Telephone 2 (optional):   Email: Fax (optional):   Specimen signature: Date (dd/mm/yyyy):   Contact details (alternate authorized signatory): Mr. ⊠ Ms.□   Last name: Botley Telephone 1:   First name: Botley Telephone 1:   First name: James Telephone 1:   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   Signature Date: dd/mm/yyy	programme of activities and hereby requests the following changes to its contact details:		
20 Gresham Street EC27/JE London United Kingdom of Great Britain and Northern Ireland   Party (country authorizing participation): Malawi   Contact details (primary authorized signatory): Mr. ☑ Ms. □   Last name: Sinclair Telephone 1:   First name: Geoff Telephone 2 (optional):   Email: Fax (optional):   Specimen signature: Date (dd/mm/yyyy):   Contact details (alternate authorized signatory): Mr. ☑ Ms. □   Last name: Botley Telephone 1:   First name: James Telephone 2 (optional):   Email: Fax (optional):   Specimen signature: Date (dd/mm/yyyy):   Specimen signature: Date (dd/mm/yyyy):   Specimen signature: Date (dd/mm/yyyy):   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   Signature Date: dd/mm/yyy			
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Email: Fax (optional):   Specimen signature: Date (dd/mm/yyyy):   Contact details (alternate authorized signatory): Mr. ⊠ Ms.□   Last name: Botley Telephone 1:   First name: James Telephone 2 (optional):   Email: Fax (optional):   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	Last name: Sinclair	Telephone 1:	
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Email: Fax (optional):   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/yyy	Last name: Botley	Telephone 1:	
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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/yyy	Email:	Fax (optional):	
Name of authorized signatory: Signature Date: dd/mm/yyy	Specimen signature:	Date (dd/mm/yyyy):	
Name of authorized signatory: Signature Date: dd/mm/yyy			
(*) In the case of programme of activities, this section shall be signed by the focal point(s) for scope (b)		• • •	
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**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.