

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:	19/06/2020
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	West African Biodigester Programme of Activities
Project/programme of activities reference number:	9977
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:	
<input checked="" type="checkbox"/> Project Participant	<input checked="" type="checkbox"/> Focal Point
Name of entity: SNV Netherlands Development Organisation	
Address: Rue 17.02 Porte No 5, BP625 Ouagadougou Burkina Faso	
Party (country authorizing participation): Burkina Faso	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Lam	Telephone 1:
First name: Jan	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Valstar	Telephone 1:
First name: Jacobijne	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 checked="" type="checkbox"/> Focal Point
Name of entity: SNV Netherlands Development Organisation	
Address: Rue 17.02 Porte No 5, BP625 Ouagadougou Burkina Faso	
Party (country authorizing participation): Benin	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Lam	Telephone 1:
First name: Jan	Telephone 2 (optional):
Email:	Fax (optional):

