

## 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.

<b>Date of submission:</b>	17/10/2017
<b>CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>	
<b>Title of the project/programme of activities:</b>	Community-Based Renewable Energy Development in the Northern Areas and Chitral (NAC), Pakistan
<b>Project/programme of activities reference number:</b>	1713
<b>SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)</b>	
<b>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:</b> <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
<b>Name of entity:</b> Government of Luxembourg - Ministry of Sustainable Development and Infrastructure	
<b>Address:</b> 4, Place de l'Europe L-2918 Luxembourg	
<b>Party (country authorizing participation):</b> Luxembourg	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Haine	Telephone 1:
First name: Henri	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>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:</b> <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
<b>Name of entity:</b> Government of Italy - Ministry for the Environment, Land and Sea	
<b>Address:</b> Via Cristoforo Colombo 44 00147 Rome Italy	
<b>Party (country authorizing participation):</b> Italy	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: La Camera	Telephone 1:
First name: Francesco	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>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:</b> <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
<b>Name of entity:</b> Fujifilm Corporation	

<b>Address:</b> 9-7-3 Akasaka, Minato-ku 107-0052 Tokyo Japan	
<b>Party (country authorizing participation):</b> Japan	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Takao	Telephone 1:
First name: Ozaki	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	
<b>Contact details (alternate authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Onuki	Telephone 1:
First name: Yoshiko	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	
<b>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:</b> <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
<b>Name of entity:</b> Bruxelles Environnement - IBGE	
<b>Address:</b> Avenue du Port 86c 1000 Brussels Belgium	
<b>Party (country authorizing participation):</b> Belgium	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Fontaine	Telephone 1:
First name: Frederic	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date (dd/mm/yyyy): _____	
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Ange	Telephone 1:
First name: Mikael	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

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.**