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:	20/01/2020
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project / programme of activities:	Programme of activities for the recovery and use of associated petroleum gas, normally combusted in flare stacks in oil-producing fields
Project / programme of activities reference number:	8659

SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES

☒ **Add project participant entity**
☐ **Change legal name of project participant entity** *(if selected, indicate former name below)*
The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.

Name of entity:
ACT Financial Solutions B.V.

Address:
Gustav Mahlerlaan 1009
1082MK Amsterdam
1082MK Amsterdam
Netherlands

Party (country authorizing participation):
Netherlands

End-date of participation:	☐ N/A (participation is not limited in time) ☒ 31/12/2021
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: di Credico	Telephone 1:
First name: Federico	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Mulot	Telephone 1:
First name: Quentin	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Signature(s) of the focal point for scope of authority (b)
Name of authorized signatory: Signature Date: dd/mm/yyyy

(Add lines for signatories as necessary. Only one signatory per focal point is required.)