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:	31/10/2018	
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project/programme of activities:	Jaguari Energética S. A. – Furnas do Segredo Small Hydro Power Plant	
Project/programme of activities reference number:	0480	
SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)		
The following entity is an existing project participant/foc programme of activities and hereby requests the followin ☑ Project Participant		
Name of entity: Jaguari Energética S.A.		
Address: Vila Barragem - Furnas do Segredo, s/n 97760-000 Jaguari, RS Brazil		
Party (country authorizing participation): Brazil		
Contact details (primary authorized signatory):	Mr. 🛛 Ms.	
Last name: Sanches	Telephone 1:	
First name: Yuri	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.	
Last name: Miguel S. Oliveira	Telephone 1:	
First name: Pedro	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: □ Project Participant ☑ Focal Point		
Name of entity: Jaguari Energética S.A.		
Address: Vila Barragem - Furnas do Segredo, s/n 97760-000 Jaguari, RS Brazil		
Party (country authorizing participation): Brazil		
Contact details (primary authorized signatory):	Mr. 🛛 Ms.	
Last name: Bezerra	Telephone 1:	
First name: Miguel	Telephone 2 (optional):	
Email:	Fax (optional):	

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Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.
Last name: Miguel S. Oliveira	Telephone 1:
First name: Pedro	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
The following entity is an existing project participant, programme of activities and hereby requests the follo Project Participant	/focal point entity in respect of the above CDM project / wing changes to its contact details: ⊠ Focal Point
Name of entity: Ecopart Assessoria em Negócios Empresariais Ltda.	
Address: R. Padre João Manuel, 222 01411-000 São Paulo, SP Brazil	
Party (country authorizing participation): Brazil	
Contact details (primary authorized signatory):	Mr. 🛛 Ms.
Last name: Martins Junior	Telephone 1:
First name: Carlos	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.
Last name: Esparta	Telephone 1:
First name: Adelino Ricardo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Signature(s) of the focal point for scope of authority (Name of authorized signatory:	b) or the project participant to whom the changes apply (*) Signature Date: dd/mm/yyyy
(Add lines for signatories as necessary. Only one signato	bry per entity is required.)
(*) In the case of programme of activities, this section sh	
DISCLAIMER: Any new representative for a focal po designated to him/her by the entity as that held by the	oint entity is understood to hold the same authority
If a change to a project participant requested in this s understood that the project participant and the focal registration in the respective jurisdiction.	