## **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:       Goiandira, Pedra do Garrafão, Pirapetinga and Sítio Grande Small Hydropower Plants Project Activity         Project/programme of activities reference number:       3486         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       ⊠ Focal Point         Name of entity:       Ecopart Assessoria em Negócios Empresariais Ltda.         Address:       Rua Padre João Manuel - 222 - SP         01411-000 São Paulo       Brazil         Party (country authorizing participation):       Mr. ⊠ Ms.□         Itast name: Martins Junior       Telephone 1:         First name: Carlos       Telephone 2 (optional):         Email:       Fax (optional):         Specimen signature:       Date (dd/mm/yyyy):	roject/programme of activities:       Goiandira, Pedra do Garrafão, Pirapetinga and Sitio Grande Small Hydropower Plants Project Activity         ramme of activities reference number:       3486         4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)       genetity is an existing project participant/focal point entity in respect of the above CDM project / r activities and hereby requests the following changes to its contact details: icipant         © rativities and hereby requests the following changes to its contact details: icipant       © Focal Point         %: oria em Negócios Empresariais Ltda.       Ø Manuel - 222 - SP Paulo         y authorizing participation):       Mr. ⊠ Ms.□         rtins Junior       Telephone 1: Fax (optional): Ature:         tature:       Date (dd/mm/yyyy):         s (alternate authorized signatory):       Mr. ⊠ Ms.□         s (alternate authorized signatory):       Mr. ⊠ Ms.□         tature:       Date (dd/mm/yyyy):         s (alternate authorized signatory):       Mr. ⊠ Ms.□         felephone 1: relephone 1: ature:       Date (dd/mm/yyyy):         s (alternate authorized signatory):       Mr. ⊠ Ms.□         felephone 1: relephone 1: ature:       Date (dd/mm/yyyy):         ft he focal point for scope of authority (b) or the project participant to whom the changes apply (*)	Date of submission:		13/09/2024		
Grande Small Hydropower Plants Project Activity         Project/programme of activities reference number:       3486         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       ☑ Focal Point         Name of entity:       Ecopart Assessoria em Negócios Empresariais Ltda.         Address:       Rua Padre João Manuel - 222 - SP         O1411-000 São Paulo       Brazil         Party (country authorizing participation):       Mr. ☑ Ms. □         Last name: Martins Junior       Telephone 1:         First name: Carlos       Telephone 2 (optional):         Email:       Specimen signature:         Date (dd/mm/yyyy):       Date (dd/mm/yyyy):	Grande Small Hydropower Plants Project Activity         3486         4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)         entity is an existing project participant/focal point entity in respect of the above CDM project / f' activities and hereby requests the following changes to its contact details: icipant         of activities and hereby requests the following changes to its contact details: icipant         original model         original model         original model         of activities and hereby requests the following changes to its contact details: icipant         original model         original model <tr< th=""><th colspan="4"></th></tr<>					
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:            \vee Project Participant           \vee Project Participant         Party (country authorizing participation):         Brazil         Party (country authorized signatory):         Mr. \vee Ms.         Party (country authorized signatory):         Party (country authorized signatory):         Date (dd/mm/yyyy):         \vee Partipant         Participant         Party (count	4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)         entity is an existing project participant/focal point entity in respect of the above CDM project / factivities and hereby requests the following changes to its contact details:         icipant       ⊠ Focal Point         ':       oria em Negócios Empresariais Ltda.         ':       oria em Negócios Signatory):         ':       Mr. ⊠ Ms.□         ':       Telephone 1:         clos       Telephone 1:         etare:       Date (dd/mm/yyyy):         ':       s (alternate authorized signatory):       Mr. ⊠ Ms.□         parta       Telephone 1:          elino Ricardo       Telephone 2 (optional):          etarta       Telephone 2 (optional):          etarta       Telephone 2 (optional):          etarta       Telephone 2 (optional):	Title of the project/programme of activities:				
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Ecopart Assessoria em Negócios Empresariais Ltda.         Address:         Rua Padre João Manuel - 222 - SP         01411-000 São Paulo         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.□	oria em Negócios Empresariais Ltda.	programme of activities and hereby requests the following changes to its contact details:				
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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         Date: dd/mm/yyy						
	signatories as necessary. Only one signatory per entity is required )					
(Add lines for signatories as necessary. Only one signatory per entity is required.)	summeres as necessary. Only one signatory per entry is required.	(*) In the case of programme of activities, this section shall be signed by the focal point(s) for scope (b)				
(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.