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.

AND FOCAL POINTS)		
Project/programme of activities reference number: 4941 SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PAND FOCAL POINTS) The following entity is an existing project participant/focal point entity in respect of the above programme of activities and hereby requests the following changes to its contact details: ☑ Project Participant □ Focal Point Name of entity: Japan Iron and Steel Federation (JISF) Address: 3-2-10, Nihonbashi-Kayabacho Chuo-ku 103-0025 Tokyo Japan Party (country authorizing participation): Japan Contact details (primary authorized signatory): Mr. ☑ Ms.□ Last name: Ibuki Telephone 1: Telephone 2 (optional):	CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT P AND FOCAL POINTS) The following entity is an existing project participant/focal point entity in respect of the above programme of activities and hereby requests the following changes to its contact details: \Box Project Participant \Box Focal Point Name of entity: Japan Iron and Steel Federation (JISF) Address: 3-2-10, Nihonbashi-Kayabacho Chuo-ku 103-0025 Tokyo Japan Party (country authorizing participation): Japan Mr. Ms. Last name: Ibuki First name: Takanao Telephone 1: Telephone 2 (optional):	roject No 4	
AND FOCAL POINTS) The following entity is an existing project participant/focal point entity in respect of the above programme of activities and hereby requests the following changes to its contact details: \Box Project Participant \Box Project Participation (JISF) \Box Party (country authorizing participation): Japan \Box Party (country authorizing participation): Japan \Box Party (country authorized signatory): Mr. \Box Ms. \Box Ms. \Box Party Participant East name: Ibuki Telephone 1: First name: Takanao Telephone 2 (optional): \Box Participant \Box Participant Barty Party Participant Barty Party P		
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JapanContact details (primary authorized signatory):Mr. ⊠ Ms.□Last name: IbukiTelephone 1:First name: TakanaoTelephone 2 (optional):		
Last name: IbukiTelephone 1:First name: TakanaoTelephone 2 (optional):	Japan	
First name: Takanao Telephone 2 (optional):		
Email: Eax (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.		