## **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:		19/11/2014	
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project / programme of activities:		Aurá Landfill Gas Project	
Project / programme of activities reference number:		0888	
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES			
Name of entity: Nordic Environment Finance Corporation			
Address: Fabianinkatu 34, P.O.Box 241 FI 00171 Helsinki Finland			
Party (country authorizing participation): Norway			
End-date of participation:	■ N/A (participation i	is not limited in time) dd/mm/yyy	уу
Contact details (primary authorized signatory):		Mr. □ Ms.⊠	
Last name: Lindegaard		Telephone 1:	
First name: Helle		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature: Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):		Mr. □ Ms.⊠	
Last name: Nyberg		Telephone 1:	
First name: Tina		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature: Date (dd/mm/yyyy):			
Signature(s) of the focal point for Name of authorized signatory:	scope of authority (b)	Signature	Date: dd/mm/yyyy
(Add lines for signatories as necessary. Only one signatory per focal point is required.)			