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.

Title of the project/programme of activities: PROJECT FOR THE REFURBISHMENT AND UPGRADING OF DOLEGA HYDROPOWER PLANT (PANAMA). Project/programme of activities reference number: 0135 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: Focal Point	Date of submission:	06/02/2015
LPGRADING OF DOLEGA HYDROPOWER PLANT (PANAMA). Project/programme of activities reference number: 0135 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 Project Project Participant Project Project Participant Project	CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
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:	Title of the project/programme of activities:	UPGRADING OF DOLEGA HYDROPOWER PLANT
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 Name of entity: GAS NATURAL SDG, S.A. Address: San Luis 77, 28033, Madrid, España 28033 Madrid Spain Party (country authorizing participation): Spain Contact details (primary authorized signatory): Last name: GONI ESPARZA Telephone 1: First name: FERNANDO Fax (optional): Specimen signature: Contact details (alternate authorized signatory): Mr. ☑ Ms. ☐ Contact details (alternate authorized signatory): Telephone 2 (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Last name: FERRER RIPOLL First name: CARLOS Telephone 1: First name: CARLOS Telephone 2 (optional): Fax (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 of authorized signatory: (Add lines for signatories as necessary. Only one signatory per entity is required.)	Project/programme of activities reference number:	0135
Project Participant Name of cativities and hereby requests the following Focal Point Address: San Luis 77, 28033, Madrid, España 28033 Madrid Spain Party (country authorizing participation): Spain Contact details (primary authorized signatory): Last name: GoÑi ESPARZA First name: FERNANDO Email: Contact details (alternate authorized signatory): Last name: FERRER RIPOLL First name: FERRER RIPOLL First name: CARLOS Email: 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: CAdd lines for signatories as necessary. Only one signatory per entity is required.)		
GAS NATURAL SDG, S.A. Address: San Luis 77, 28033, Madrid, España 28033 Madrid Spain Party (country authorizing participation): Spain Contact details (primary authorized signatory): Last name: GOÑI ESPARZA First name: FERNANDO Telephone 1: First name: FERNANDO Telephone 2 (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Last name: FERRER RIPOLL First name: CARLOS Telephone 1: First name: Object (add/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 CARD Signature Signature Signature Signature Date: dd/mm/yyyy Add lines for signatories as necessary. Only one signatory per entity is required.)	programme of activities and hereby requests the following changes to its contact details:	
San Luis 77, 28033, Madrid, España 28033 Madrid Spain Party (country authorizing participation): Spain Contact details (primary authorized signatory): Last name: GOÑI ESPARZA First name: FERNANDO Telephone 1: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. Ms.		
Spain Contact details (primary authorized signatory): Mr. ⋈ Ms. □ Last name: GOÑI ESPARZA Telephone 1: First name: FERNANDO Telephone 2 (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. ⋈ Ms. □ Last name: FERRER RIPOLL Telephone 1: First name: CARLOS Telephone 2 (optional): Email: Fax (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: Date: dd/mm/yyyy Signature Date: dd/mm/yyyy (Add lines for signatories as necessary. Only one signatory per entity is required.)	San Luis 77, 28033, Madrid, España 28033 Madrid	
Last name: GOÑI ESPARZA First name: FERNANDO Email: Specimen signature: Contact details (alternate authorized signatory): Last name: FERRER RIPOLL First name: CARLOS Email: Fax (optional): Telephone 1: Telephone 1: First name: CARLOS Telephone 2 (optional): Email: Fax (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 GAdd lines for signatories as necessary. Only one signatory per entity is required.)		
First name: FERNANDO Email: Specimen signature: Contact details (alternate authorized signatory): Last name: FERRER RIPOLL First name: CARLOS Email: Fax (optional): Fax (optional): Fax (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 (Add lines for signatories as necessary. Only one signatory per entity is required.)	Contact details (primary authorized signatory):	Mr. ☑ Ms. □
Email: Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Last name: FERRER RIPOLL First name: CARLOS Email: Fax (optional): Fax (optional): Fax (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: Date: dd/mm/yyyy (Add lines for signatories as necessary. Only one signatory per entity is required.)	Last name: GOÑI ESPARZA	Telephone 1:
Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Last name: FERRER RIPOLL First name: CARLOS Email: 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 CARLOS Signature Signature Signature Oate: dd/mm/yyyy	First name: FERNANDO	Telephone 2 (optional):
Contact details (alternate authorized signatory): Last name: FERRER RIPOLL First name: CARLOS Email: 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 (Add lines for signatories as necessary. Only one signatory per entity is required.)	Email:	Fax (optional):
Last name: FERRER RIPOLL First name: CARLOS Email: 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 Signature	Specimen signature:	Date (dd/mm/yyyy):
Last name: FERRER RIPOLL First name: CARLOS Email: 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 Signature		
First name: CARLOS Email: 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 Signature Signature Oate: dd/mm/yyyyy (Add lines for signatories as necessary. Only one signatory per entity is required.)	Contact details (alternate authorized signatory):	Mr.⊠ Ms.□
Email: 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.)	Last name: FERRER RIPOLL	Telephone 1:
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 Signature Signature Date: dd/mm/yyyy Date: dd/mm/yyyy (Add lines for signatories as necessary. Only one signatory per entity is required.)	First name: CARLOS	Telephone 2 (optional):
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.)	Email:	Fax (optional):
Name of authorized signatory: Signature Date: dd/mm/yyyy (Add lines for signatories as necessary. Only one signatory per entity is required.)	Specimen signature:	Date (dd/mm/yyyy):
Name of authorized signatory: Signature Date: dd/mm/yyyy (Add lines for signatories as necessary. Only one signatory per entity is required.)		
	Name of authorized signatory: Signature Date: dd/mm/yyyy	
(*) 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.