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:	22/01/2013

SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS

Title of the project / programme of activities:	India-FaL-G Brick and Blocks Project No.2.
Project / programme of activities reference number:	4585

SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES

☒ **Add project participant entity**
☐ **Change legal name of project participant entity** *(if selected, indicate former name below)*
The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.

Name of entity:
Scheweizerische Ruckversicherungsgesellschafts AG (Swiss RE)

Address:
Mythenquai 50/60, 8022 Zurich
8022 Zurich
Switzerland

Party (country authorizing participation):
Switzerland

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy

Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: ECKERT	Telephone 1:
First name: Vincent	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: SPIEGEL	Telephone 1:
First name: Andreas	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

☒ **Add project participant entity**
☐ **Change legal name of project participant entity** *(if selected, indicate former name below)*
The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.

Name of entity:
Kingdom of Spain- Ministry of the Agriculture, Food and Environment & Ministry of Economy and Competitiveness

Address:
Alcala, 92, Madrid 28009, Spain
28009 Madrid
Spain

Party (country authorizing participation):
Spain

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy

Contact details (primary authorized signatory):	Mr. ☐ Ms. ☒
Last name: Magro Andrade	Telephone 1:
First name: Susana	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Soler Vera	Telephone 1:
First name: Alberto	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Signature(s) of the focal point for scope of authority (b)

Name of authorized signatory:	Signature	Date: dd/mm/yyyy

(Add lines for signatories as necessary. Only one signatory per focal point is required.)