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:		20/08/2014				
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS						
Title of the project / programme of activities:		Montevideo Landfill Gas Capture and Flare Project				
Project / programme of activities reference number:		1349				
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: International Bank of Reconstruction and Development as the Trustee for the Umbrella Carbon Fund Tranche 2						
Address: 1818 H Street, N.W, Washington D.C, 20433, USA. 20433 Washington D.C United States of America						
Party (country authorizing participation): Sweden						
End-date of participation:	☑ N/A (participation i	is not limited in time)				
Contact details (primary authorized signatory):		Mr. ⊠ Ms.□				
Last name: Whitehouse		Telephone 1:				
First name: Simon		Telephone 2 (optional):				
Email:		Fax (optional):				
Specimen signature:		Date (dd/mm/yyyy):				
Contact details (alternate authorized signatory):		Mr. ☑ Ms.□				
Last name: Andreu		Telephone 1:				
First name: Jose		Telephone 2 (optional):				
Email:		Fax (optional):				
Specimen signature:		Date (dd/mm/yyyy):				
Name of entity: Swedish Energy Agency						
Address: Kungsgatan 43, 63104 Eskilstuna 63104 Eskilstuna Sweden						
Party (country authorizing participation): Sweden						
End-date of participation:	■ N/A (participation i	is not limited in time) \square dd/mm/yyyy				

Contact details (primary authorized signatory):		Mr. ⊠ Ms. □		
Last name: Hansen		Telephone 1:		
First name: Ola		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. □ Ms.⊠		
Last name: Raab		Telephone 1:		
First name: Ulrika		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Name of entity: Statkraft Markets GmbH				
Address: Derendorfer Allee 2a, 40476 Dusseldorf, Germany 40476 Dusseldorf Germany				
Party (country authorizing participation): Germany				
End-date of participation:				
Contact details (primary authorized signatory):		Mr.⊠ Ms.□		
Last name: Peters		Telephone 1:		
First name: Stef		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorize	ed signatory):	Mr. ☑ Ms.□		
Last name: Karreman		Telephone 1:		
First name: Arjan		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Enel Trade SpA				

Address: Viale Regina Margherita 125, 00198 Rome, Italy 00198 Rome Italy						
Party (country authorizing participation): Italy						
End-date of participation:	☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy					
Contact details (primary authorized signatory):		Mr.⊠ Ms.□				
Last name: Cuenca Candel		Telephone 1:				
First name: Norberto		Telephone 2 (optional):				
Email:		Fax (optional):				
Specimen signature:		Date (dd/mm/yyyy):				
Contact details (alternate authorized signatory):		Mr. ☐ Ms.⊠				
Last name: Vitto		Telephone 1:				
First name: Viviana		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.)						