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:		14/	02/2014
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project / programme of activities:		Omega Wind Power Plants Programme of Activities	
Project / programme of activities reference number:		7156	
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES			
Name of entity: Ecopart Assessoria em Negócios Empresariais Ltda			
Address: Rua Padre João Manuel, 222 01411-000 São Paulo Brazil			
Party (country authorizing participation): Switzerland			
End-date of participation:	N/A (participation i	is not limited in time) \(\square \text{dd/mm/yyy} \)	УУ
Contact details (primary authorized signatory):		Mr. □ Ms.⊠	
Last name: Hirschheimer		Telephone 1:	
First name: Melissa		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature: Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):		Mr. ⊠ Ms.□	
Last name: Mazaferro		Telephone 1:	
First name: Marco		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.)			