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:	10/08/2012	
CDM PROJECT/PROGRAM	IME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	4.5 MW Biomass (low density Crop Residues) based Power Generation unit of Malavalli Power Plant Pvt Ltd.	
Project/programme of activities reference number:	0298	
SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)		
The following entity is an existing project participant/for programme of activities and hereby requests the follow ☐ Project Participant		
Name of entity: South Pole Carbon Asset Management Ltd.		
Address: Technoparkstrasse 1 8005 Zurich Switzerland		
Party (country authorizing participation): Switzerland		
Contact details (primary authorized signatory):	Mr. ☑ Ms.□	
Last name: Heuberger	Telephone 1:	
First name: Renat	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. ⋈ Ms.□	
Last name: Grobbel	Telephone 1:	
First name: Christoph	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
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	☐ Focal Point	
Name of entity: Foundation myclimate - The Climate Protection Partnership		
Address: Sternenstrasse 12 8002 Zurich Switzerland		
Party (country authorizing participation): Switzerland		
Contact details (primary authorized signatory):	Mr. □ Ms.⊠	
Last name: Heidenreich	Telephone 1:	
First name: Franziska	Telephone 2 (optional):	
Email:	Fax (ontional):	

Specimen signature:	Date (dd/mm/yyyy):
The following entity is an existing project participant/programme of activities and hereby requests the follow ☐ Project Participant	focal point entity in respect of the above CDM project / wing changes to its contact details: ☑ Focal Point
Name of entity: Malavalli Power Plant Pvt. Ltd.	
Address: No. 29, Hospital Road, Maliks Building, 1st floor, Banga 560001 Bangalore India	lore, Karnataka
Party (country authorizing participation): India	
Contact details (primary authorized signatory):	Mr. ⊠ Ms. □
Last name: Krishan	Telephone 1:
First name: Kolluru	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of authorized signatory:	o) or the project participant to whom the changes apply (*) Signature Date: dd/mm/yyyy
(Add lines for signatories as necessary. Only one signator	
(*) In the case of programme of activities, this section sha	
DISCLAIMER: Any new representative for a focal podesignated to him/her by the entity as that held by the	
If a change to a project participant requested in this so understood that the project participant and the focal pregistration in the respective jurisdiction.	