# 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:** | 08/08/2018 |
|---|---|
| **CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS** | |
| **Title of the project/programme of activities:** | SPP5 Solar Power Project |
| **Project/programme of activities reference number:** | 8649 |
| **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:**<br>☒ Project Participant ☒ Focal Point | |
| **Name of entity:**<br>Asian Development Bank, as Trustee of the Future Carbon Fund | |
| **Address:**<br>6 ADB Avenue<br>1550 Mandaluyong City<br>Philippines | |
| **Party (country authorizing participation):**<br>Sweden | |
| **Contact details (primary authorized signatory):** | Mr. ☒ Ms. ☐ |
| Last name: Um | Telephone 1: |
| First name: Woochong | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| **Contact details (alternate authorized signatory):** | Mr. ☐ Ms. ☒ |
| Last name: Bronchi | Telephone 1: |
| First name: Chiara | 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:**<br>☒ Project Participant ☐ Focal Point | |
| **Name of entity:**<br>Swedish Energy Agency | |
| **Address:**<br>P.O. Box 310<br>SE-631-04 Eskilstuna<br>Sweden | |
| **Party (country authorizing participation):**<br>Sweden | |
| **Contact details (primary authorized signatory):** | Mr. ☐ Ms. ☒ |
| Last name: Hamilton | Telephone 1: |
| First name: Ida | Telephone 2 (optional): |
| Email: | Fax (optional): |

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|---|---|
| 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.)

(*) 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.**