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:		21/07/2016			
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS					
Title of the project / programme of activities:		Promotion of the Improved Cooking Stove (ICS) – Nepal			
Project / programme of activities reference number:		9902			
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES					
Name of entity: Swedish Energy Agency					
Address: Kungsgatan 43 Eskilstuna Rosenlundsgatan 9 Stockholm P.O. Box 310 63104 Stockholm Sweden					
Party (country authorizing participation): Sweden					
End-date of participation:	☑ N/A (participation i	s not limited in time)			
Contact details (primary authoriz	ed 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: Christell		Telephone 1:			
First name: Annika		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: Asian Development Bank as Trustee of the Future Carbon Fund					
Address: 6 ADB Avenue 1550 Mandaluyong City Philippines Party (country authorizing participation):					
Sweden					

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End-date of participation:	☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy			
Contact details (primary authorized signatory):		Mr. □ Ms. ☒		
Last name: Locsin		Telephone 1:		
First name: Ma. Carmela D.		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. ☑ Ms. ☐		
Last name: Ahmad		Telephone 1:		
First name: N.J.		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.)				