

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:	29/12/2017
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	Ceran's Monte Claro Run of River Hydropower Plant CDM Project Activity
Project/programme of activities reference number:	0773
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:	
<input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point	
Name of entity: CERAN -Companhia Energetica Rio das Antas	
Address: Estrada Municipal Lig. RS 470, São José da Nona, s/n, Linha Tiradentes 95330-000 Veranópolis Brazil	
Party (country authorizing participation): Brazil	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Volf	Telephone 1:
First name: Peter	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Natal	Telephone 1:
First name: Juliano	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:	
<input type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point	
Name of entity: CERAN -Companhia Energetica Rio das Antas	
Address: Estrada Municipal Lig. RS 470, São José da Nona, s/n, Linha Tiradentes 95330-000 Veranópolis Brazil	
Party (country authorizing participation): Brazil	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Ribeiro	Telephone 1:
First name: Paulo	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Vaccaro		Telephone 1:	
First name: Sandro		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<p>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:</p> <input checked="" type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point			
<p>Name of entity: Ecopart Assessoria em Negocios Empresariais Ltda.</p>			
<p>Address: Rua Padre João Manuel, 222 01411000 São Paulo Brazil</p>			
<p>Party (country authorizing participation): Brazil</p>			
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Martins Junior		Telephone 1:	
First name: Carlos		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Esparta		Telephone 1:	
First name: Adelino Ricardo		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<p>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:</p> <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point			
<p>Name of entity: Ecopart Assessoria em Negocios Empresariais Ltda.</p>			
<p>Address: Rua Padre João Manuel, 222 01411000 São Paulo Brazil</p>			
<p>Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland</p>			
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Martins Junior		Telephone 1:	
First name: Carlos		Telephone 2 (optional):	
Email:		Fax (optional):	

Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Esparta	Telephone 1:
First name: Adelino Ricardo	Telephone 2 (optional):
Email:	Fax (optional):
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.	