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.

distribution project Project/programme of activities reference number: 3404 SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTIC AND FOCAL POINTS) The following entity is an existing project participant/focal point entity in respect of the above CDM programme of activities and hereby requests the following changes to its contact details: Project Participant	Date of submission:	28/11/2017	
distribution project Project/programme of activities reference number: 3404 SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTIC AND FOCAL POINTS) The following entity is an existing project participant/focal point entity in respect of the above CDM programme of activities and hereby requests the following changes to its contact details: Project Participant Name of entity: Italian Ministry for the Environment, Land and Sea Address: Via Cristoforo Colombo 44 00147 Rome Italy Party (country authorizing participation): Italy Contact details (primary authorized signatory): Mr. Mr. Ms. Telephone 1: First name: Francesco 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 Signature Signatory: Signature Date: Contact of the signatory of the signa	CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTIC AND FOCAL POINTS) The following entity is an existing project participant/focal point entity in respect of the above CDM programme of activities and hereby requests the following changes to its contact details: Project Participant Name of entity: Italian Ministry for the Environment, Land and Sea Address: Via Cristoforo Colombo 44 00147 Rome Italy Party (country authorizing participation): Italy Contact details (primary authorized signatory): Last name: La Camera First name: Francesco Telephone 1: First name: Francesco Telephone 2 (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 Name of authorized signatory: Signature (Add lines for signatories as necessary. Only one signatory per entity is required.)		Rwanda Electrogaz Compact Fluorescent Lamp (CFL) distribution project	
AND FOCAL POINTS) The following entity is an existing project participant/focal point entity in respect of the above CDM programme of activities and hereby requests the following changes to its contact details: Project Participant	Project/programme of activities reference number:	3404	
programme of activities and hereby requests the following changes to its contact details: ☐ Project Participant ☐ Procal Point Name of entity: Italian Ministry for the Environment, Land and Sea Address: Via Cristoforo Colombo 44 00147 Rome Italy Party (country authorizing participation): Italy Contact details (primary authorized signatory): Last name: La Camera ☐ Telephone 1: First name: Francesco ☐ Telephone 2 (optional): Email: ☐ Fax (optional): Specimen signature: ☐ Date (dd/mm/yyyyy): Signature(s) of the focal point for scope of authority (b) or the project participant to whom the changes Name of authorized signatory: ☐ Date: (Add lines for signatories as necessary. Only one signatory per entity is required.)	SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)		
Italian Ministry for the Environment, Land and Sea Address: Via Cristoforo Colombo 44 00147 Rome Italy Party (country authorizing participation): Italy Contact details (primary authorized signatory): Mr. ☑ Ms. □ Last name: La Camera Telephone 1: First name: Francesco 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 Name of authorized signatory: Signature Date: of Da			
Via Cristoforo Colombo 44 00147 Rome Italy Party (country authorizing participation): Italy Contact details (primary authorized signatory): Last name: La Camera First name: Francesco Telephone 1: First name: Francesco Telephone 2 (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 Name of authorized signatory: Signature Oate: C			
Italy Contact details (primary authorized signatory): Mr. ⋈ Ms. □ Last name: La Camera Telephone 1: First name: Francesco 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 Name of authorized signatory: Signature Date: of the focal point for scope of authority (b) or the project participant to whom the changes (b) of the focal point for scope of authority (b) or the project participant to whom the changes (b) of the focal point for scope of authority (b) or the project participant to whom the changes (b) of the focal point for scope of authority (b) or the project participant to whom the changes (c) of the focal point for scope of authority (b) or the project participant to whom the changes (c) of the focal point for scope of authority (b) or the project participant to whom the changes (c) of the focal point for scope of authority (b) or the project participant to whom the changes (c) of the focal point for scope of authority (b) or the project participant to whom the changes (c) of the focal point for scope of authority (c) or the project participant to whom the changes (c) of the focal point for scope of authority (c) or the project participant to whom the changes (c) or the project participant to whom the changes (c) or the project participant to whom the changes (c) or the project participant to whom the changes (c) or the project participant to whom the changes (c) or the project participant to whom the changes (c) or the project participant to whom the changes (c) or the project participant to whom the changes (c) or the	Via Cristoforo Colombo 44 0147 Rome		
Last name: La Camera Telephone 1: First name: Francesco Telephone 2 (optional): Email: 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 Name of authorized signatory: Signature Signature Date: of the focal point for scope of authority (b) or the project participant to whom the changes Name of authorized signatory: Output Date: of the focal point for scope of authority (b) or the project participant to whom the changes Name of authorized signatory: Output Date: of the focal point for scope of authority (b) or the project participant to whom the changes Name of authorized signatory: Output Date: of the focal point for scope of authority (b) or the project participant to whom the changes Name of authorized signatory: Output Date: of the focal point for scope of authority (b) or the project participant to whom the changes Name of authorized signatory: Output Date: of the focal point for scope of authority (b) or the project participant to whom the changes Name of authorized signatory: Output Date: of the focal point for scope of authority (b) or the project participant to whom the changes Name of authorized signatory: Output Date: of the focal point for scope of authority (b) or the project participant to whom the changes Name of authorized signatory: Output Date: of the focal point for scope of authority (b) or the project participant to whom the changes (b) or the project participant to whom the changes (b) or the project participant to whom the changes (b) or the project participant to whom the changes (b) or the project participant to whom the changes (b) or the project participant to whom the changes (b) or the project participant to whom the changes (b) or the project participant to whom the changes (b) or the project participant to whom the changes (b) or the project participant to whom the changes (b) or the project participant to whom the changes (b) or the project participant to whom th			
First name: Francesco Email: 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 Name of authorized signatory: Signature Signature Signature Date: of the focal point for scope of authority (b) or the project participant to whom the changes Name of authorized signatory: Signature Only one signatory per entity is required.)	Contact details (primary authorized signatory):	Mr. ☑ Ms. □	
Email: 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 Name of authorized signatory: Signature Date: of the focal point for scope of authority (b) or the project participant to whom the changes Name of authorized signatory: Date: of the focal point for scope of authority (b) or the project participant to whom the changes Name of authorized signatory: Only one signature per entity is required.)	ast name: La Camera	Telephone 1:	
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 Name of authorized signatory: Signature Date: (dd/mm/yyyy):	irst name: Francesco	Telephone 2 (optional):	
Signature(s) of the focal point for scope of authority (b) or the project participant to whom the changes Name of authorized signatory: Signature Date: 6 (Add lines for signatories as necessary. Only one signatory per entity is required.)	imail:	Fax (optional):	
Name of authorized signatory: Signature Date: of the control of th	Specimen signature: Date (dd/mm/yyyy):		
Name of authorized signatory: Signature Date: of the control of th			
	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 Signature Date: dd/mm/yyyy		
(*) In the case of programme of activities, this section shall be signed by the feed point(s) for some (h)	(Add lines for signatories as necessary. Only one signatory per entity is required.)		
(7) 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 authorit 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.			