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:		17/08/2012		
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS				
Title of the project / programme of activities:		25.6 MW grid connected Wind Power based electricity generation project in Karnataka, India.		
Project / programme of activities	s reference number:	2474		
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES				
	ded as a project particip By providing a specim	cted, indicate former name below) pant or is newly named in respect of the above CDM en signature below, the project participant confirms its		
Name of entity: Asian Development Bank, as trustee of Asia Pacific Carbon Fund				
Address: 6 ADB Avenue, Mandaluyong City, Metro Manila 1550, Philippines 1550 Philippines Philippines				
Party (country authorizing participation): Spain				
End-date of participation:	☑ N/A (participation)	is not limited in time)		
Contact details (primary authorized signatory):		Mr. ⊠ Ms. □		
Last name: Chander		Telephone 1:		
First name: Seethapathy		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature: Date (dd/mm/yyyy):				
Contact details (alternate authorized signatory):		Mr.⊠ Ms.□		
Last name: Um		Telephone 1:		
First name: Woochong		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Name of entity: Asian Development Bank, as trustee of the Asia Pacific Carbon Fund				
Address: 6 ADB Avenue, Mandaluyong City, Metro Manila 1550, Philippines 1550 Philippines Philippines				
Party (country authorizing partic	cipation):			

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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: Chander		Telephone 1:		
First name: Seethapathy		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr.⊠ Ms.□		
Last name: Um		Telephone 1:		
First name: Woochong		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.)				