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: | | | 11/03/2015 | |
|---|--------------------|---|------------|--|
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS | | | | |
| Title of the project / programme of activities: | | Vietnam Renewable Energy Development Program (REDP) | | |
| Project / programme of activities reference number: | | 6810 | | |
| SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES | | | | |
| | | | | |
| Name of entity: Kingdom of Spain, Ministry of the Agriculture, Food and Environment & Ministry of Economy and Competitiveness | | | | |
| Address: Alcala, 92, Madrid 28009, Spain 28009 Madrid Spain | | | | |
| Party (country authorizing participation): Spain | | | | |
| End-date of participation: | N/A (participation | is not limited in time) dd/mr | n/yyyy | |
| Contact details (primary authoriz | ed signatory): | Mr. ☐ Ms. ☒ | | |
| Last name: Magro Andrade | | Telephone 1: | | |
| First name: Susana | | Telephone 2 (optional): | | |
| Email: | | Fax (optional): | | |
| Specimen signature: Date (dd/mm/yyyy): | | | | |
| Contact details (alternate authorized signatory): | | Mr. ⋈ Ms. □ | | |
| Last name: Dajani Gonzalez | | Telephone 1: | | |
| First name: Jorge | | Telephone 2 (optional): | | |
| Email: | | Fax (optional): | | |
| Specimen signature: Date (dd/mm/yyyy): | | | | |
| | | | | |
| | | | | |
| Name of entity: Norwegian Ministry of Climate and Environment | | | | |
| Address: Kongensgate 20, 0030 Oslo, Norwa 0030 Oslo Norway Party (country authorizing partic | | | | |
| Norway | r/- | | | |

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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: Evjen | | Telephone 1: | | | |
| First name: Anne Smeby | | Telephone 2 (optional): | | | |
| Email: | | Fax (optional): | | | |
| Specimen signature: | | Date (dd/mm/yyyy): | | | |
| | | | | | |
| Contact details (alternate authorized signatory): | | Mr. ⊠ Ms.□ | | | |
| Last name: Klakeg | | Telephone 1: | | | |
| First name: Sigurd | | 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 | | |
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| (Add lines for signatories as necessary. Only one signatory per focal point is required.) | | | | | |