## **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)		
Contact details (primary authorized 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):				
Address: Kongensgate 20, 0030 Oslo, Norway 0030 Oslo Norway  Party (country authorizing partic	у			

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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	
(Add lines for signatories as necessary. Only one signatory per focal point is required.)				