## **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:	07/06/2013				
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS					
Title of the project / programme of activities:		Moldova Community Forestry Development Project			
Project / programme of activities reference number:		8244			
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES					
Add project participant entity Change legal name of project participant entity ( <i>if selected, indicate former name below</i> ) The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.					
Name of entity: Kingdom of Spain- Ministry of the Agriculture, Food and Environment & Ministry of Economy and Competitiveness					
Address: Alcala, 92, Madrid 28009, Spain (Address 1) Paseo de la Castellana 162, Madrid 28071, Spain (Address 2) 28099 Madrid Spain					
Party (country authorizing participation): Spain					
End-date of participation:	N/A (participation i	s not limited in time) dd/mm/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: Soler Vera		Telephone 1:			
First name: Alberto		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Add project participant entity Change legal name of project participant entity ( <i>if selected, indicate former name below</i> ) The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.					
Name of entity: International Bank for Reconstruction and Development (World Bank)					
Address: 1818 H Street, N.W. 20433 District of Colombia United States of America					
Party (country authorizing participation): Spain					

## **CDM-MOC-FORM**

			CDM-MOC-FORM	
End-date of participation:	■ N/A (participation	$\boxtimes$ N/A (participation is not limited in time) $\square$ dd/mm/yyyy		
Contact details (primary authorized signatory):		Mr. 🗖 Ms. 🛛		
Last name: Chassard		Telephone 1:		
First name: Joelle		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. 🛛 Ms.		
Last name: Wang		Telephone 1:		
First name: Tao		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Signature(s) of the focal point f	for scope of authority (b)			
Name of authorized signatory:		Signature	Date: dd/mm/yyyy	
	0.1			
(Add lines for signatories as nece	essary. Only one signatory	per focal point is required.)		