## **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:		10/08/2022	
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project / programme of activities:		SHP MORRO AZUL CDM PROJECT (JUN1164)	
Project / programme of activities reference number:		8879	
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES			
Name of entity: ALLCOT AG			
Address: Bahnhofstrasse 10 CH-6300, Zug Switzerland CH-6300 Zug Switzerland			
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland			
End-date of participation:	■ N/A (participation i	is not limited in time)  dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. □ Ms.⊠	
Last name: GARCIA		Telephone 1:	
First name: MERCEDES		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature: Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):		Mr. ☐ Ms.⊠	
Last name: DE OLIVEIRA		Telephone 1:	
First name: MARY		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature: Date (dd/mm/yyyy):			
Signature(s) of the focal point for Name of authorized signatory:	scope of authority (b)	Signature	Date: dd/mm/yyyy
(Add lines for signatories as necessary. Only one signatory per focal point is required.)			