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:	30/06	6/2021	
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project / programme of activities:		Metro Delhi, India	
Project / programme of activities	s reference number:	4463	
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES			
Name of entity: ALLCOT AG			
Address: Bahnhofstrasse 10. Zug CH-6300 Switzerland			
Party (country authorizing participation): Switzerland			
End-date of participation:	☐ N/A (participation	is not limited in time) 🛮 23/09/2021	
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.)			