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:			01/12/2014
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project / programme	of activities:	Reforestation of croplands and grasslands in low income communities of Paraguarí Department, Paraguay	
Project / programme of activities	reference number:	2694	
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES			
Name of entity: Facultad de Ciencias Agrarias, Universidad Nacional de Asuncion			
Address: Campus Universitario San Lorenzo Paraguay			
Party (country authorizing participation): Paraguay			
End-date of participation:			
Contact details (primary authorized signatory):		Mr. □ Ms.⊠	
Last name: de Ortiz		Telephone 1:	
First name: Mirtha		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 necessa	ıry. Only one signatory p	per focal point is required.)	