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.

DAMME OF ACTIVITIES	29/08/2016	
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS Title of the project / programme of activities: BRASCARBON Methane Recovery Project		
BCA-BRA-04A.	overy moject	
5484		
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: Norwegian Ministry of Climate and Environment		
Address: Kongensgate 20, 0153 Oslo, Norway 0153 Oslo Norway		
Party (country authorizing participation): Norway		
End-date of participation: \square N/A (participation is not limited in time) \square dd/mm/yyyy		
Mr. 🗖 Ms. 🛛		
t name: Nordgaard Telephone 1:		
First name: Edit AnitaTelephone 2 (optional):		
Fax (optional):		
Specimen signature: Date (dd/mm/yyyy):		
Mr. 🗖 Ms. 🛛		
Telephone 1:		
Telephone 2 (optional):		
Fax (optional):		
Date (dd/mm/yyyy):		
Signature(s) of the focal point for scope of authority (b) Date: dd/mm/yyyy Name of authorized signatory: Signature		
(Add lines for signatories as necessary. Only one signatory per focal point is required.)		
	BRASCARBON Methane Rec BCA-BRA-04A. 5484 GAL NAME OF A PROJEC TY/IES acted, indicate former name below, open or is newly named in respected in signature below, the project is not limited in time) □ dd/mn Mr. □ Ms.⊠ Telephone 1: Telephone 2 (optional): Fax (optional): Date (dd/mm/yyyy): Mr. □ Ms.⊠ Telephone 1: Telephone 2 (optional): Date (dd/mm/yyyy): Mr. □ Ms.⊠ Telephone 1: Telephone 1: Telephone 1: Signature	