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:	19/10/2018
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	N2O Emission Reduction in nitric acid plant Paulínia, SP, Brazil
Project/programme of activities reference number:	1011
SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)	
The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details: ☑ Project Participant ☑ Focal Point	
Name of entity: Rhodia Energy GHG	
Address: 25 Rue de Clichy 75009 Paris France	
Party (country authorizing participation): France	
Contact details (primary authorized signatory):	Mr. 🛛 Ms.
Last name: Damore	Telephone 1:
First name: Sergio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.
Last name: Andrade	Telephone 1:
First name: Leonardo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details: \Box Project Participant	
Name of entity: Rhodia Energy GHG SAS	
Address: 25 Rue de Clichy 75009 Paris France	
Party (country authorizing participation): Switzerland	
Contact details (primary authorized signatory):	Mr. 🛛 Ms. 🗖
Last name: Damore	Telephone 1:
First name: Sergio	Telephone 2 (optional):
Email:	Fax (optional):

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Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.
Last name: Andrade	Telephone 1:
First name: Leonardo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
The following entity is an existing project participant/ programme of activities and hereby requests the follow Project Participant	focal point entity in respect of the above CDM project / wing changes to its contact details:
Name of entity: Rhodia Energy Brazil Ltda	
Address: Avenida Dr. Roberto Moreira, 5005 13148-914 Paulinia Brazil	
Party (country authorizing participation): Brazil	
Contact details (primary authorized signatory):	Mr. 🛛 Ms.
Last name: Damore	Telephone 1:
First name: Sergio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.
Last name: Andrade	Telephone 1:
First name: Leonardo	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Signature(s) of the focal point for scope of authority (k Name of authorized signatory:	b) or the project participant to whom the changes apply (*) Signature Date: dd/mm/yyyy
(Add lines for signatories as necessary. Only one signator (*) In the case of programme of activities, this section sha	
DISCLAIMER: Any new representative for a focal po	
designated to him/her by the entity as that held by the If a change to a project participant requested in this se understood that the project participant and the focal p registration in the respective jurisdiction.	e previous signatory. ection is also applicable to a focal point entity, it is