

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:		05/11/2014
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project / programme of activities:	Programme of Activities (PoA) for Sustainable Renewable Energy Power Generation in Papua New Guinea (PNG)	
Project / programme of activities reference number:	8383	
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES		
<input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) 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: Asian Development Bank as Trustee of the Future Carbon Fund		
Address: 6 ADB Avenue 1550 Mandaluyong Philippines		
Party (country authorizing participation): Sweden		
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Um	Telephone 1:	
First name: Woonchong	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):
<input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) 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: Swedish Energy Agency		
Address: P.O. Box 310 SE-631 04 Eskilstuna Sweden		
Party (country authorizing participation): Sweden		
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Hansen	Telephone 1:	
First name: Ola	Telephone 2 (optional):	
Email:	Fax (optional):	

Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Christell		Telephone 1:	
First name: Annika		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 necessary. Only one signatory per focal point is required.)			