

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.

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|---|---|
| Date of submission: | 08/08/2018 |
| CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS | |
| Title of the project/programme of activities: | Greenhouse Gas Emission Reductions Through Thermal Solar Power Technology - Rajasthan Sun Technique Energy Pvt. Ltd |
| Project/programme of activities reference number: | 9293 |
| 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: | |
| <input checked="" type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point | |
| Name of entity: Asian Development Bank, as Trustee of the Future Carbon Fund | |
| Address: 6 ADB Avenue 1550 Mandaluyong City Philippines | |
| Party (country authorizing participation): Sweden | |
| Contact details (primary authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Um | Telephone 1: |
| First name: Woochong | 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: Bronchi | Telephone 1: |
| First name: Chiara | 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: | |
| <input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point | |
| Name of entity: Swedish Energy Agency | |
| Address: P.O. Box 310 SE-631-04 Eskilstuna Sweden | |
| Party (country authorizing participation): Sweden | |
| Contact details (primary authorized signatory): | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> |
| Last name: Hamilton | Telephone 1: |
| First name: Ida | Telephone 2 (optional): |

