

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:	24/01/2013
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	BT Geradora de Energia Elétrica S. A. – Ferradura Small Hydro Power Plant – Small Scale CDM Project
Project/programme of activities reference number:	0229
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 type="checkbox"/> Focal Point	
Name of entity: The Chugoku Electric Power Co., Inc	
Address: 4-33, Komachi, Naka-ku 730-8701 Hiroshima Japan	
Party (country authorizing participation): Japan	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Ando	Telephone 1:
First name: Takashi	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: Constellation Energy Commodities Group Limited	
Address: 111 Market Place, Suite 1200 21202 Baltimore United States of America	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Smith	Telephone 1:
First name: Michael	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Signature(s) of the focal point for scope of authority (b) or the project participant to whom the changes apply (*)

Name of authorized signatory:

Signature

Date: dd/mm/yyyy

(Add lines for signatories as necessary. Only one signatory per entity is required.)

(*) In the case of programme of activities, this section shall be signed by the focal point(s) for scope (b)

DISCLAIMER: Any new representative for a focal point entity is understood to hold the same authority designated to him/her by the entity as that held by the previous signatory.**If a change to a project participant requested in this section is also applicable to a focal point entity, it is understood that the project participant and the focal point are the same legal entity, with the same legal registration in the respective jurisdiction.**