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.

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	Date of submission:	31/05/2019
Project/programme of activities reference number: 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 Name of entity: Japan Petroleum Exploration Co., Ltd Address: SAPIA Tower, 1-7-12, Marunouchi, Chiyoda-ku, 100-0005 Tokyo Japan Party (country authorizing participation): Japan Contact details (primary authorized signatory): Last name: Seiji Telephone 1: First name: Yoshikawa Telephone 2 (optional): Email: 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: (Add lines for signatories as necessary. Only one signatory per entity is required.)	CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
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	Title of the project/programme of activities:	Moldova Soil Conservation Project
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	Project/programme of activities reference number:	1948
programme of activities and hereby requests the following changes to its contact details: Project Participant	SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)	
Japan Petroleum Exploration Co., Ltd Address: SAPIA Tower, 1-7-12, Marunouchi, Chiyoda-ku, 100-0005 Tokyo Japan Party (country authorizing participation): Japan Contact details (primary authorized signatory): Last name: Seiji Telephone 1: First name: Yoshikawa Telephone 2 (optional): Email: 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: Gardinary Date: dd/mm/yy (Add lines for signatories as necessary. Only one signatory per entity is required.)	programme of activities and hereby requests the following changes to its contact details:	
SAPIA Tower, 1-7-12, Marunouchi, Chiyoda-ku, 100-0005 Tokyo Japan Party (country authorizing participation): Japan Contact details (primary authorized signatory): Last name: Seiji Telephone 1: First name: Yoshikawa 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 Oate: dd/mm/yy (Add lines for signatories as necessary. Only one signatory per entity is required.)		
Contact details (primary authorized signatory): Last name: Seiji Telephone 1: First name: Yoshikawa Telephone 2 (optional): Email: 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 Oate: dd/mm/yy (Add lines for signatories as necessary. Only one signatory per entity is required.)	SAPIA Tower, 1-7-12, Marunouchi, Chiyoda-ku, 100-0005 Tokyo Japan	
Last name: Seiji First name: Yoshikawa Telephone 2 (optional): Email: 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 Signature Oate: dd/mm/yy (Add lines for signatories as necessary. Only one signatory per entity is required.)		
First name: Yoshikawa Telephone 2 (optional): 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/yy	Contact details (primary authorized signatory):	Mr. ⊠ Ms.□
Email: 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 Signature Date: dd/mm/yy	Last name: Seiji	Telephone 1:
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/yy	First name: Yoshikawa	Telephone 2 (optional):
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/yy (Add lines for signatories as necessary. Only one signatory per entity is required.)	Email:	Fax (optional):
Name of authorized signatory: Signature Date: dd/mm/yy (Add lines for signatories as necessary. Only one signatory per entity is required.)	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	
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(*) 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.		