## **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:		15/02/2013			
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS					
Title of the project / programme of activities:		Bataan 2020 12.5 MW Power Rice Hull Cogeneration Project			
Project / programme of activities reference number:		3424			
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES					
Name of entity: ASIAN DEVELOPMENT BANK AS TRUSTEE OF THE FUTURE CARBON FUND					
Address: 6 ADB Avenue, Mandaluyong City 1550 Metro Manila Philippines					
Party (country authorizing participation): Sweden					
End-date of participation:	N/A (participation)	is not limited in time)			
Contact details (primary authorized signatory):		Mr.⊠ Ms.□			
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. ☑ Ms. □			
Last name: Duggal		Telephone 1:			
First name: Virender Kumar		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature: Date (dd/mm/yyyy):					
Name of entity: SWEDISH ENERGY AGENCY					
Address: P.O. Box 310, SE-631 04 Skilstuna Sweden					
Party (country authorizing partic	cipation):				

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End-date of participation:	☑ N/A (participation is not limited in time) ☐ dd/mm/yyyy				
Contact details (primary authorized signatory):		Mr. ☑ Ms. □			
Last name: Bostrom		Telephone 1:			
First name: Bengt		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):		Mr. ☑ Ms. □			
Last name: Hansen		Telephone 1:			
First name: Ola		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.)					