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:		04/03/2013	
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project / programme of activities:		Sasol Nitrous Oxide Abatement Project	
Project / programme of activities reference number:		0961	
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES			
Name of entity: Sasol Solvents Germany GmbH			
Address: Anckelmannsplatz 1 20537 Hamburg Germany			
Party (country authorizing participation): Germany			
End-date of participation:	■ N/A (participation i	is not limited in time) dd/mm/yyyy	Į
Contact details (primary authorized signatory):		Mr. ⊠ Ms.□	
Last name: Lillack		Telephone 1:	
First name: Hartmut		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature: Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):		Mr. ⊠ Ms.□	
Last name: Stapenhorst		Telephone 1:	
First name: Jochen		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature: Date (dd/mm/yyyy):			
Signature(s) of the focal point for Name of authorized signatory:	scope of authority (b)	Signature	Date: dd/mm/yyyy
(Add lines for signatories as necessary. Only one signatory per focal point is required.)			