

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:	16/10/2017
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	Micro-hydro Promotion
Project/programme of activities reference number:	3653
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: Fujifilm Corporation	
Address: 9-7-3 Akasaka, Minato-ku. Tokyo, 107-0052, Japan Japan	
Party (country authorizing participation): Japan	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Takao	Telephone 1:
First name: Ozaki	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: Onuki	Telephone 1:
First name: Yoshiko	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: Ministry for Environment, Land and Sea	
Address: Via Cristofaro Colombo 44, 00147 Rome - Italy Italy	
Party (country authorizing participation): Italy	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: La Camera	Telephone 1:
First name: Francesco	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:

☒ Project Participant

☐ Focal Point

Name of entity:

Netherlands' Ministry of Infrastructure and the Environment (IenM)

Address:

Plesmanweg 1-6, 2597 JG The Hague, The Netherlands
Netherlands

Party (country authorizing participation):

Netherlands

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Havinga

Telephone 1:

First name: Johannes

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:

☒ Project Participant

☐ Focal Point

Name of entity:

Ruukki Metals Oy

Address:

Harvialantie 420, 13300 Hameenlinna, Finland
Finland

Party (country authorizing participation):

Finland

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Huhtala

Telephone 1:

First name: Olavi

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:

☒ Project Participant

☐ Focal Point

Name of entity:

Ministry of Sustainable Development and Infrastructure

Address:

4, Place de L'Europe L-2918 Luxembourg
Luxembourg

Party (country authorizing participation):

Luxembourg

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Haine

Telephone 1:

First name: Henri

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.**