## **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:			29/06/2015
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project / programme of activities:		Improved Cookstoves Program for Malawi and cross-border regions of Mozambique	
Project / programme of activities reference number:		9558	
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES			
Name of entity: Swedish Energy Agnecy			
Address: P.O. Box 310 Eskilstuna 63104 Eskilstuna Sweden			
Party (country authorizing participation): Sweden			
End-date of participation:	N/A (participation i  ■	is not limited in time) dd/mm	n/yyyy
Contact details (primary authorized signatory):		Mr. ⊠ Ms.□	
Last name: Hansen		Telephone 1:	
First name: Ola		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:  Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):		Mr. ⊠ Ms. □	
Last name: Gustafsson		Telephone 1:	
First name: Christer		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 necessa	ıry. Only one signatory p	er focal point is required.)	