

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:	28/11/2016
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	African Improved Cooking Stoves Programme of Activities
Project/programme of activities reference number:	5342
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 checked="" type="checkbox"/> Focal Point	
Name of entity: Swedish Energy Agency	
Address: Kungsgatan 43 SE-631 04 Eskilstuna Sweden	
Party (country authorizing participation): Sweden	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Gustafsson	Telephone 1:
First name: Christer	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: Lindström	Telephone 1:
First name: Sandra	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 checked="" type="checkbox"/> Focal Point	
Name of entity: Envirofit International Ltd.	
Address: 109 N College Ave Suite 200 80524 Fort Collins, Colorado United States of America	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Lorenz	Telephone 1:
First name: Nathan	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Marshall	Telephone 1:
First name: Nick	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.	