

## 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.

<b>Date of submission:</b>		24/10/2018
<b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>		
<b>Title of the project / programme of activities:</b>	Abohar Branch Canal Based Small Hydro Project in Punjab, India	
<b>Project / programme of activities reference number:</b>	4856	
<b>SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES</b>		
<input checked="" type="checkbox"/> <b>Add project participant entity</b> <input type="checkbox"/> <b>Change legal name of project participant entity</b> ( <i>if selected, indicate former name below</i> ) <b>The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.</b>		
<b>Name of entity:</b> EKI Energy Services Limited		
<b>Address:</b> Office no. 201, Plot 48, Scheme 78 part 2, Vijay Nagar, Near Brilliant Convention Centre 452010 Indore India		
<b>Party (country authorizing participation):</b> Australia		
<b>End-date of participation:</b>	<input type="checkbox"/> N/A (participation is not limited in time) <input checked="" type="checkbox"/> 30/11/2018	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Sharma	Telephone 1:	
First name: Naveen	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):
<b>Signature(s) of the focal point for scope of authority (b)</b> Name of authorized signatory: _____ Signature _____ Date: dd/mm/yyyy _____		
(Add lines for signatories as necessary. Only one signatory per focal point is required.)		