

## 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                    | 27/03/2019              |
| <b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                    |                         |
| <b>Title of the project / programme of activities:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               | Monomeros Nitrous Oxide Abatement Project                                                                          |                         |
| <b>Project / programme of activities reference number:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1428                                                                                                               |                         |
| <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><br><input type="checkbox"/> <b>Change legal name of project participant entity</b> (if selected, indicate former name below)<br><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><br>Allcot Colombia SAS                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                    |                         |
| <b>Address:</b><br>Calle 98A 51-37 Of. 202 Centro Empresarial Ecotorre<br>Bogota D.C.<br>Colombia                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                         |
| <b>Party (country authorizing participation):</b><br>Colombia                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                    |                         |
| <b>End-date of participation:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |                         |
| <b>Contact details (primary authorized signatory):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                               |                         |
| Last name: Leroy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Telephone 1:                                                                                                       |                         |
| First name: Alexis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Telephone 2 (optional):                                                                                            |                         |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Fax (optional):                                                                                                    |                         |
| Specimen signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    | Date (dd/mm/yyyy):      |
| <b>Contact details (alternate authorized signatory):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                         |
| Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                    |                         |
| Last name: Neuvonen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    | Telephone 1:            |
| First name: Tommi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    | 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.)                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                    |                         |