

## 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>		03/09/2015
<b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>		
<b>Title of the project / programme of activities:</b>		India-FaL-G Brick and Blocks Project No.3
<b>Project / programme of activities reference number:</b>		4831
<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> (if selected, indicate former name below) <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> Kommunalkredit Public Consulting GmbH		
<b>Address:</b> Tuerkenstrasse 9 1092 Vienna Austria		
<b>Party (country authorizing participation):</b> Austria		
<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: Diernhofer		Telephone 1:
First name: Wolfgang		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: Gauss		Telephone 1:
First name: Martin		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
<input checked="" type="checkbox"/> <b>Add project participant entity</b> <input type="checkbox"/> <b>Change legal name of project participant entity</b> (if selected, indicate former name below) <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> Daiwa Securities Co. Ltd.		
<b>Address:</b> 1-9-1 Marunouchi, Chiyoda-ku 100-6752 Tokyo Japan		
<b>Party (country authorizing participation):</b> Japan		
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	

Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Ando	Telephone 1:	
First name: Masatsugu	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: Aramaki	Telephone 1:	
First name: Koichiro	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.)		