

## 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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                    |
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| <b>Date of submission:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 28/11/2017                                                                                                         |
| <b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                    |
| <b>Title of the project / programme of activities:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Embralixo/Araúna - Bragança Landfill Gas Project                                                                   |
| <b>Project / programme of activities reference number:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 1179                                                                                                               |
| <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>First Climate (Switzerland) AG                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                    |
| <b>Address:</b><br>Brandschenkestrasse 51<br>8002 Zurich<br>Switzerland                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Switzerland                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                    |
| <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: Brodmann                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Telephone 1:                                                                                                       |
| First name: Urs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 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: Brennwald                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Telephone 1:                                                                                                       |
| First name: Michael                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 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.)                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                    |