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.

Title of the project/programme of activities: Nanshankou Cascade I 12 MW Hydropower Project in Geermu City of Qinghai Province, People's Republic of China Project/programme of activities reference number: 2409 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: Project Participant Mrocal Point	Date of submission:	07/05/2014	
Geermu City of Qinghai Province, People's Republic of China	CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
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: Project Participant	Title of the project/programme of activities:	Geermu City of Qinghai Province, People's Republic of	
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: Project Participant	Project/programme of activities reference number:	2409	
programme of activities and hereby requests the following changes to its contact details: ☐ Project Participant ☐ Focal Point ☐ Name of entity: Climate Change Capital Carbon Fund II S.à r.l ☐ Address: 412F, route d'Esch L-1030 Luxembourg Luxembourg ☐ Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland ☐ Contact details (primary authorized signatory): ☐ Last name: Weekes ☐ Telephone 1: ☐ First name: Tanya ☐ Telephone 2 (optional): ☐ Email: ☐ Fax (optional): ☐ Specimen signature: ☐ Date (dd/mm/yyyy): ☐ Contact details (alternate authorized signatory): ☐ Itelephone 1: ☐ First name: Guo ☐ Telephone 2 (optional): ☐ First name: Shelley ☐ Telephone 2 (optional): ☐ Fax (optional): ☐ Fax (optional): ☐ Date (dd/mm/yyyy): ☐ Date (dd/mm/yyyy)			
Climate Change Capital Carbon Fund II S.à r.1 Address: 412F, route d'Esch L-1030 Luxembourg Luxembourg Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland Contact details (primary authorized signatory): Last name: Weekes Telephone 1: First name: Tanya Telephone 2 (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): I ast name: Guo Telephone 1: First name: Guo Telephone 1: First name: Shelley Telephone 2 (optional): Email: Fax (optional): Date (dd/mm/yyyy):	programme of activities and hereby requests the following changes to its contact details:		
412F, route d'Esch L-1030 Luxembourg Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland Contact details (primary authorized signatory): Mr. Ms. Last name: Weekes Telephone 1: First name: Tanya Telephone 2 (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. Ms. Last name: Guo Telephone 1: First name: Shelley Telephone 2 (optional): Email: Specimen signature: Date (dd/mm/yyyyy):			
United Kingdom of Great Britain and Northern Ireland Contact details (primary authorized signatory): Last name: Weekes First name: Tanya Telephone 1: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Last name: Guo Telephone 1: First name: Shelley Telephone 2 (optional): First name: Shelley Telephone 2 (optional): Fax (optional): Specimen signature: Date (dd/mm/yyyy):	412F, route d'Esch L-1030 Luxembourg		
Last name: Weekes First name: Tanya Telephone 2 (optional): Email: Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Last name: Guo Telephone 1: First name: Shelley Telephone 1: First name: Shelley Telephone 2 (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy):			
First name: Tanya Email: Specimen signature: Contact details (alternate authorized signatory): Last name: Guo First name: Shelley Fax (optional): Telephone 1: First name: Shelley Telephone 2 (optional): Fax (optional): Fax (optional): Specimen signature: Date (dd/mm/yyyy):	Contact details (primary authorized signatory):	Mr. □ Ms.⊠	
Email: Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Last name: Guo Telephone 1: First name: Shelley Telephone 2 (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy):	Last name: Weekes	Telephone 1:	
Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Last name: Guo Telephone 1: First name: Shelley Telephone 2 (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy):	First name: Tanya	Telephone 2 (optional):	
Contact details (alternate authorized signatory): Last name: Guo Telephone 1: First name: Shelley 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 (*)	Email:	Fax (optional):	
Last name: Guo Telephone 1: First name: Shelley Telephone 2 (optional): Email: 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 (*)	Specimen signature:	Date (dd/mm/yyyy):	
Last name: Guo Telephone 1: First name: Shelley Telephone 2 (optional): Email: 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 (*)			
First name: Shelley Email: 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 (*)	Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☒	
Email: 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 (*)	Last name: Guo	Telephone 1:	
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 (*)	First name: Shelley	Telephone 2 (optional):	
Signature(s) of the focal point for scope of authority (b) or the project participant to whom the changes apply (*)	Email:	Fax (optional):	
	Specimen 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.