

Form: ANNEX 2

Date of submission		21/05/2012
Section 1: Project Details		
1. Title of the CDM project activity	Low Pressure Gas Recovery Project of Shandong Weifang Hongrun Petrochemical Auxiliary Co., Ltd., China	
2. Please state reference number if available	3775	
Section 2: <u>Addition/change of name of a project participant</u>		
<input type="checkbox"/> Add project participant <input checked="" type="checkbox"/> Change name of project participant The following entity is hereby added as a project participant or is newly named in respect of the above CDM project. By providing a specimen signature below, the project participant confirms its acceptance of the <u>Statement of Agreement</u> of the current modalities of communication.		
Name of the entity: Sinochem Hongrun Petrochemical Co., Ltd.		
Party (country that authorised participation): China		
Former name of project participant: Weifang Hongrun Petrochemical Auxiliary Co., Ltd.		
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: WEN	Telephone:	
First name: Xueyuan	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):		
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: YAN	Telephone:	
First name: Guangqi	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b):		Date:
Name:		Signature:
Only one primary or alternate signatory per focal point entity is required.		
Section 4: Change of contact details (project participants or focal point entities)		

The following entity is an existing project participant/focal point entity in respect of the above CDM project and hereby requests the following changes to its contact details:

☐ Project Participant

☒ Focal Point

Name of the entity:

Electric Power Development Co., Ltd.

Party (country that authorised participation):

Japan

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Tsukada

Telephone:

First name: Natsuki

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: ARATA

Telephone:

First name: Takanobu

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

Only one primary or alternate signatory per focal point entity is required.