Form: ANNEX 2

| Date of submission | | 03/02/2012 |
|--|---|------------|
| Section 1: Project Details | | |
| 1. Title of the CDM project activity | Methane capture from POME for electricity generation in Batu Pahat. | |
| 2. Please state reference number if available | 1783 | |
| 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: Mitsui & Co., Ltd | | |
| Party (country that authorised participation): Japan | | |
| Contact details (primary authorized signatory): | Mr. Ms. | |
| Last name: Mizukawa | Telephone: | |
| First name: Ko | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |
| | | |
| Contact details (alternate authorized signatory): | Mr. Ms. | |
| Last name: Kitazawa | Telephone: | |
| First name: Akiko | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |
| | | |
| Signature(s) of designated focal point for scope (b): | D | ate: |
| | | |
| Name: | Signature: | |
| Only one primary or alternate signatory per focal point entity is required. | | |

| 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: Bell Eco Power Sdn. Bhd. | | |
| Party (country that authorised participation): Malaysia | | |
| Contact details (primary authorized signatory): | Mr. Ms. | |
| Last name: Low | Telephone: | |
| First name: Boon Eng. | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |
| Contact details (alternate authorized signatory): | Mr. Ms. | |
| Last name: Devudu | Telephone: | |
| First name: Bala Subaramaniam | 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. | | |