Form: ANNEX 2

| Date of submission   |   | 04/05/2012 |
|--|---|------------|
| Section 1: Project Details   |   |            |
| 1. Title of the CDM project activity   | Inner Mongolia Bayinhanggai 49.5MW Wind Farm<br>Project |            |
| 2. Please state reference number if available  | 2027  |            |
| 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:<br>KfW   |   |            |
| Party (country that authorised participation): Germany   |   |            |
| Contact details (primary authorized signatory):  | Mr.   Ms.    Ms.  |            |
| Last name: Mulder  | Telephone:  |            |
| First name: Karin  | Fax:  |            |
| Email:   | Address:  |            |
| Specimen signature:  |   |            |
|  |   |            |
| Contact details (alternate authorized signatory):  | Mr.□ Ms.⊠   |            |
| Last name: Detken  | Telephone:  |            |
| First name: Annette  | 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:<br>Shanxi Zhangze Electric Power Co., Ltd.   |                  |  |
| Party (country that authorised participation): China   |                  |  |
| Contact details (primary authorized signatory):  | Mr.   Ms.    Ms. |  |
| Last name: Zhang   | Telephone:       |  |
| First name: Wei  | Fax:             |  |
| Email:   | Address:         |  |
| Specimen signature:  |                  |  |
| Contact details (alternate authorized signatory):  | Mr. Ms. ⊠        |  |
| Last name: Wu  | Telephone:       |  |
| First name: Meichun  | 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.  |                  |  |
|  |                  |  |