Form: ANNEX 2

| Date of submission | | 10/05/2011 |
|--|------------|------------|
| Section 1: Project Details | | |
| I. Title of the CDM project activity Ningxia Yinyi Hongsipu 49.50MW Wind-farm Project | | |
| 2. Please state reference number if available | 1946 | |
| 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: MGM Carbon Portfolio S.a.r.l. | | |
| Party (country that authorised participation): Switzerland | | |
| Contact details (primary authorized signatory): | Mr. Ms. | |
| Last name: Mackle | Telephone: | |
| First name: John | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |
| | | |
| Contact details (alternate authorized signatory): | Mr. Ms. | |
| Last name: Fazoli | Telephone: | |
| First name: Ana Cecilia | Fax: | |
| Email: | Address: | |
| Specimen signature: | 1 | |
| | | |
| Signature(s) of designated focal point for scope (b): | Da | 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: MGM Carbon Portfolio S.a.r.l. | | |
| Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland | | |
| Contact details (primary authorized signatory): | ^{Mr} ·⊠ ^{Ms} ·□ | |
| Last name: Mackle | Telephone: | |
| First name: John | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |
| Contact details (alternate authorized signatory): | ^{Mr.} □ ^{Ms.} ⊠ | |
| Last name: Fazoli | Telephone: | |
| First name: Ana Cecilia | 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. | | |