

Form: ANNEX 2

Date of submission		16/07/2012
Section 1: Project Details		
1. Title of the CDM project activity	Inner Mongolia Chifeng Chaghanhada Wind Power Project	
2. Please state reference number if available	3573	
Section 4: Change of contact details (project participants or focal point entities)		
<p>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:</p> <p><input checked="" type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point</p>		
<p>Name of the entity: Asian Development Bank, as trustee of the Asia Pacific Carbon Fund</p>		
<p>Party (country that authorised participation): Spain</p>		
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Chander	Telephone:	
First name: Seethapathy	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Um	Telephone:	
First name: Woochong	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.		

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:

Asian Development Bank, as trustee of the Asia Pacific Carbon Fund

Party (country that authorised participation):

Sweden

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Chander

Telephone:

First name: Seethapathy

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. Ms.

Last name: Um

Telephone:

First name: Woochong

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.

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:

Kingdom of Spain

Party (country that authorised participation):

Spain

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Magro Andrade

Telephone:

First name: Susana

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. Ms.

Last name: Soler Vera

Telephone:

First name: Alberto

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.