

**Form: ANNEX 2**

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