

**Form: ANNEX 2**

<b>Date of submission</b>		12/07/2011
<b>Section 1: Project Details</b>		
<b>1. Title of the CDM project activity</b>	Celtins and Cemat grid connection of isolated systems	
<b>2. Please state reference number if available</b>	1067	
<b>Section 4: Change of contact details (project participants or focal point entities)</b>		
<p><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></p> <p><input checked="" type="checkbox"/> Project Participant <span style="margin-left: 200px;"><input checked="" type="checkbox"/> Focal Point</span></p>		
<p><b>Name of the entity:</b> Companhia de Energia Elétrica do Estado do Tocantins - CELTIN</p>		
<p><b>Party (country that authorised participation):</b> Brazil</p>		
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Antonio Sorge	Telephone:	
First name: Jose	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	
Last name:	Telephone:	
First name:	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:**

Centrais Elétricas Mato-Grossenses S.A. - CEMAT

**Party (country that authorised participation):**

Brazil

**Contact details (primary authorized signatory):**

Mr.  Ms.

Last name: Antonio Sorge

Telephone:

First name: Jose

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr.  Ms.

Last name:

Telephone:

First name:

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.