

CDM-MOC-FORM Form: ANNEX 2

Date of submission		23/04/2010
Section 1: Project Details		
1. Title of the CDM project activity	Quitaracsa I (“the project”).	
2. Please state project ID Number if available	0874	
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:		
Name of the entity: Quitaracsa S.A. Empresa de Generación Eléctrica		
Party (country that authorised participation): Peru		
Contact details (primary authorized signatory):	Mr.	
Last name: Leveque	Telephone:	
First name: Axel	Fax:	
Email: Mr.	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):		
Last name:	Telephone:	
First name:	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for addition of project participant and communication of voluntary withdrawal of project participants:		