CDM-MOC-FORM: ANNEX 2

This annex is to be used by the focal point(s) for scope of authority (b) or by the submitting project participant when applicable, to request changes to project participant status and contact details of focal points following project/programme registration.

Date of submission:	09/10/2014	
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project/programme of activities:	Bundled Wind Power Project in Jamnagar, Gujarat	
Project/programme of activities reference number:	4964	
SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)		
The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details: ☑ Project Participant ☑ Focal Point		
Name of entity: Vish Wind Infrastructure LLP		
Address: Wind World Tower, A-9, Veera Industrial Estate, Veera Desai Road, Andheri West, Mumbai 400053 Maharashtra India		
Party (country authorizing participation): India		
Contact details (primary authorized signatory):	Mr.⊠ Ms.□	
Last name: Mehra	Telephone 1:	
First name: Yogesh	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr.⊠ Ms.□	
Last name: Mehra	Telephone 1:	
First name: Ajay	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details: ☐ Focal Point		
Name of entity: J. N. Investment & Trading Co. Private Limited		
Address: Wind World Tower, A-9, Veera Industrial Estate, Veera Desai Road, Andheri West, Mumbai 400053 Maharashtra India		
Party (country authorizing participation): India		
Contact details (primary authorized signatory):	Mr. □ Ms. ☒	
Last name: Mehra	Telephone 1:	
First name: Radhika	Telephone 2 (optional):	
Email:	Fax (optional):	

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Specimen signature:	Date (dd/mm/yyy	Date (dd/mm/yyyy):	
Signature(s) of the focal point for scope of	authority (b) or the project participant	to whom the changes apply (*)	
Name of authorized signatory:	Signature	Date: dd/mm/yyyy	
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(Add lines for signatories as necessary. Only	one signatory per entity is required.)		
(*) In the case of programme of activities, th	is section shall be signed by the focal point	(s) for scope (b)	
DISCLAIMER: Any new representative for designated to him/her by the entity as that	- v	old the same authority	
If a change to a project participant reques	sted in this section is also annlicable to a	focal point entity it is	
understood that the project participant and		- · · · · · · · · · · · · · · · · · · ·	
registration in the respective jurisdiction.	1	• /	