

**Form: ANNEX 2**

|  |   |                  |
|--|---|------------------|
| <b>Date of submission</b>  |   | 16/09/2010       |
| <b>Section 1: Project Details</b>  |   |                  |
| <b>1. Title of the CDM project activity</b>  | AIN08-W-03, Methane Recovery in Wastewater Treatment, Sumatera Utara, Indonesia |                  |
| <b>2. Please state reference number if available</b>   | 2633  |                  |
| <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 type="checkbox"/> Project Participant <span style="margin-left: 200px;"><input type="checkbox"/> Focal Point</span></p> |   |                  |
| <b>Name of the entity:</b><br>AES AgriVerde Ltd.   |   |                  |
| <b>Party (country that authorised participation):</b><br>Netherlands   |   |                  |
| <b>Contact details (primary authorized signatory):</b>   | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>            |                  |
| Last name: Perkowski   | Telephone:  |                  |
| First name: Leo  | Fax:  |                  |
| Email:   | Address:  |                  |
| Specimen signature:  |   |                  |
| <b>Contact details (alternate authorized signatory):</b>   | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>            |                  |
| Last name: Soesanto  | Telephone:  |                  |
| First name: Christopher  | 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.  |   |                  |