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:	25/04/2014	
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project/programme of activities:	Hunan Yuanshui Qingshuitang Hydropower Station	
Project/programme of activities reference number:	1857	
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		
Name of entity: Enel Trade SpA		
Address: Viale Regina Margherita 125 00198 Rome Italy		
Party (country authorizing participation): Netherlands		
Contact details (primary authorized signatory):	Mr. 🛛 Ms.	
Last name: Garofalo	Telephone 1:	
First name: Dario	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:		
Name of entity: Enel Trade SpA		
Address: Viale Regina Margherita 125 00198 Rome Italy		
Party (country authorizing participation): Netherlands		
Contact details (primary authorized signatory):	Mr. 🔲 Ms. 🛛	
Last name: Vitto	Telephone 1:	
First name: Viviana	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.	
Last name: Argentieri	Telephone 1:	
First name: Vincenzo	Telephone 2 (optional):	
Email:	Fax (optional):	
L/IIIųII.		

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: The following entity: Hunan Chenxi Qingshuitang Hydropower Exploitation Co. Ltd. Address: Qingshuitang Vilage, Xiantenwan Town, Chenxi County; Hunan Province 4180000 Huahua City China Contact details (primary authorized signatory): Mr. @ Ms.] Last name: Dai First name: Xin Enail: Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. @ Ms.] Last name: Wang First name: Xin Enail: Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. @ Ms.] Last name: Wang First name: Xin Enail: Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. @ Ms.] Last name: Wang First name: Aiqun Enail: Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. @ Ms.] Autor (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. @ Ms.] Last name: Wang First name: Aiqun Enail: Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. @ Ms.] Autor (dd/mm/yyyy): Contact details (alternate authorized signatory): Date: dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. @ Ms.] Autor (dd/mm/yyyy): Contact details (alternate authorized signatory): Date: dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. @ Ms.] Autor (dd/mm/yyyy): Contact details (alternate authorized signatory): Contact details (alternate authorized signatory): Mr. @ Ms.] Autor (dd/mm/yyyy): Contact details (alternate authorized signatory): Signature (b) of the focal point for scope of authority (b) or the project participant to whom the changes apply (*) Name of authorized signatory. Contact details (alternate authorized signatory): Mr. @			
programme of activities and hereby requests the following changes to its confact details: B Focal Point Project Participant B Focal Point Address: Ojingshuitang Hydropower Exploitation Co. Ltd. Address: Ojingshuitang Village, Xianrenwan Town, Chenxi County; Hunan Province 4180000 Huaihua City Mr. ⊠ Ms.□ Contact details (primary authorizing participation): Mr. ⊠ Ms.□ China Telephone 1: First name: Dai Telephone 2 (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. ⊠ Ms.□ I ast name: Wang Telephone 1: First name: Aiqun Telephone 1: First name: Aiqun Telephone 2 (optional): Email: Fax (optional): Specimen signature: 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 Otate details (alternate authorized signatory) per entity is required.) (*) In the case of programme of activities, this section shall be signed by the focal point(s) for scope (b) DISCLAIMER: Any new repres	Specimen signature:	Date (dd/mm/yyyy):	
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