Form: ANNEX 2

Date of submission		15/02/2011
Section 1: Project Details		
1. Title of the CDM project activity	Brazil MARCA Landfill Gas to Energy Project	
2. Please state reference number if available	0137	
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: □ Focal Point		
Name of the entity: Showa Shell Sekuyu K.K.		
Party (country that authorised participation): Japan		
Contact details (primary authorized signatory):	Mr. Ms. Ms.	
Last name: Kitamura	Telephone:	
First name: Nami	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr.⊠ Ms.□	
Last name: Terauchi	Telephone:	
First name: Hiroaki	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b):	Da	ate:
Name:	Signature:	
Only one primary or alternate signatory per focal point entity is required.		

Name of the entity: Shell Trading International Ltd Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland Contact details (primary authorized signatory): Mr. Ms. Ms. Last name: Osman Telephone: First name: Roon Fax: Email: Address: Specimen signature: Mr. Ms. Ms. Contact details (alternate authorized signatory): Mr. Ms. Ms. Last name: Telephone: First name: Fax: Email: Address: Specimen signature: Address: Specimen signature: 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:		
Shell Trading International Ltd Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland Contact details (primary authorized signatory): Mr. □ Ms. ☑ Last name: Osman Telephone: First name: Roon Fax: Email: Address: Specimen signature: Mr. □ Ms. □ Last name: Telephone: First name: Fax: Email: Address: Specimen signature: Address: Specimen signature: Signature: Signature(s) of designated focal point for scope (b): Date:	Project Participant	□ Focal Point	
United Kingdom of Great Britain and Northern Ireland Contact details (primary authorized signatory): Mr.	· ·		
Last name: Osman First name: Roon Email: Address: Specimen signature: Contact details (alternate authorized signatory): Last name: First name: Fax: Centact details (alternate authorized signatory): Last name: Fax: Email: Address: Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature: Signature:			
First name: Roon 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:	Contact details (primary authorized signatory):	Mr. Ms. Ms.	
Email: Specimen signature: Contact details (alternate authorized signatory): Last name: First name: Fax: Email: Address: Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature: Signature:	Last name: Osman	Telephone:	
Specimen signature: Contact details (alternate authorized signatory): Last name: First name: Email: Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature: Signature: Signature:	First name: Roon	Fax:	
Contact details (alternate authorized signatory): Last name: First name: Fax: Email: Address: Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature: Signature:	Email:	Address:	
Last name: First name: First name: Fax: Email: Address: Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature: Signature:	Specimen signature:		
First name: Email: Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature: Signature:	Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☐	
Email: Address: Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature:	Last name:	Telephone:	
Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature:	First name:	Fax:	
Signature(s) of designated focal point for scope (b): Name: Signature:	Email:	Address:	
Name: Signature:	Specimen signature:		
<u> </u>	Signature(s) of designated focal point for scope (b):	Date:	
Only one primary or alternate signatory per focal point entity is required.	Name:	Signature:	