

## Form: ANNEX 2

<b>Date of submission</b>		22/03/2011
<b>Section 1: Project Details</b>		
<b>1. Title of the CDM project activity</b>	Installation of Bundled Composting Project in the state of Tamil Nadu	
<b>2. Please state reference number if available</b>	2867	
<b>Section 4: Change of contact details (project participants or focal point entities)</b>		
<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> <input checked="" type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point		
<b>Name of the entity:</b> Asian Development Bank, as Trustee of the Asia Pacific Carbon Fund		
<b>Party (country that authorised participation):</b> Spain		
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Yao	Telephone:	
First name: Xianbin	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Um	Telephone:	
First name: Woochong	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.		

**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:**

☒ Project Participant

☒ Focal Point

**Name of the entity:**

Asian Development Bank, as Trustee of the Asia Pacific Carbon Fund

**Party (country that authorised participation):**

Sweden

**Contact details (primary authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Yao

Telephone:

First name: Xianbin

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr. ☒ Ms. ☐

Last name: Um

Telephone:

First name: Woochong

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.