

Form: ANNEX 2

| | | |
|--|--|------------------|
| Date of submission | | 22/11/2010 |
| Section 1: Project Details | | |
| 1. Title of the CDM project activity | Mianyang Landfill Gas Utilisation Project | |
| 2. Please state reference number if available | 1664 | |
| Section 4: Change of contact details (project participants or focal point entities) | | |
| <p>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:</p> <p><input checked="" type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point</p> | | |
| Name of the entity: Sindicatum Carbon Capital Ltd | | |
| Party (country that authorised participation): Switzerland | | |
| Contact details (primary authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> | |
| Last name: Phillips | Telephone: | |
| First name: Gareth | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |
| Contact details (alternate authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> | |
| Last name: Kelly | Telephone: | |
| First name: Nicholas | 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:

Sindicatum Carbon Capital Ltd

Party (country that authorised participation):

United Kingdom of Great Britain and Northern Ireland

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Phillips

Telephone:

First name: Gareth

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. Ms.

Last name: Kelly

Telephone:

First name: Nicholas

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.