

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:		22/10/2012								
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS										
Title of the project / programme of activities:		Jingneng Huolinhe Phase II Wind Farm Project								
Project / programme of activities reference number:		5038								
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES										
<p><input checked="" type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity (if selected, indicate former name below) The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.</p>										
<p>Name of entity: Macquarie Bank Limited</p>										
<p>Address: Level 6, Ropemaker Place, 28 Ropemaker Street EC2Y 9HD London United Kingdom of Great Britain and Northern Ireland</p>										
<p>Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland</p>										
End-date of participation:		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy								
<table border="0"> <tr> <td>Contact details (primary authorized signatory):</td> <td>Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/></td> </tr> <tr> <td>Last name: Marlow</td> <td>Telephone 1:</td> </tr> <tr> <td>First name: John</td> <td>Telephone 2 (optional):</td> </tr> <tr> <td>Email:</td> <td>Fax (optional):</td> </tr> </table>			Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	Last name: Marlow	Telephone 1:	First name: John	Telephone 2 (optional):	Email:	Fax (optional):
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>									
Last name: Marlow	Telephone 1:									
First name: John	Telephone 2 (optional):									
Email:	Fax (optional):									
Specimen signature:		Date (dd/mm/yyyy):								
<table border="0"> <tr> <td>Contact details (alternate authorized signatory):</td> <td>Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/></td> </tr> <tr> <td>Last name: Antao</td> <td>Telephone 1:</td> </tr> <tr> <td>First name: Rory</td> <td>Telephone 2 (optional):</td> </tr> <tr> <td>Email:</td> <td>Fax (optional):</td> </tr> </table>			Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	Last name: Antao	Telephone 1:	First name: Rory	Telephone 2 (optional):	Email:	Fax (optional):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>									
Last name: Antao	Telephone 1:									
First name: Rory	Telephone 2 (optional):									
Email:	Fax (optional):									
Specimen signature:		Date (dd/mm/yyyy):								
<p>Signature(s) of the focal point for scope of authority (b)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: left;">Name of authorized signatory:</td> <td style="width: 33%; text-align: center;">Signature</td> <td style="width: 33%; text-align: right;">Date: dd/mm/yyyy</td> </tr> </table>			Name of authorized signatory:	Signature	Date: dd/mm/yyyy					
Name of authorized signatory:	Signature	Date: dd/mm/yyyy								
<p>(Add lines for signatories as necessary. Only one signatory per focal point is required.)</p>										