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:	19/03/2013
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	Ningguo Cement Plant 9100KW Waste Heat Recovery and Utilisation for Power Generation Project of Anhui Conch Cement Co. Ltd
Project/programme of activities reference number:	0898
SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)	
The following entity is an existing project participant/foc programme of activities and hereby requests the followin ☑ Project Participant	
Name of entity: Camco International Limited	
Address: Channel House, Green Street, St Helier JE2 4UH Jersey United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): Switzerland	
Contact details (primary authorized signatory):	Mr.⊠ Ms.□
Last name: Zhang	Telephone 1:
First name: Yuzhong	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr.⊠ Ms.□
Last name: Ludlow	Telephone 1:
First name: Graeme	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: ☐ Focal Point ☐ Focal	
Name of entity: Camco I Limited	
Address: Channel House, Green Street JE2 4UH St Helier United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): Switzerland	
Contact details (primary authorized signatory):	Mr.⊠ Ms.□
Last name: Zhang	Telephone 1:
First name: Yuzhong	Telephone 2 (optional):

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Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. ⋈ Ms. □	
Last name: Ludlow	Telephone 1:	
First name: Graeme	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 Date: dd/mm/yyyy	
(Add lines for signatories as necessary. Only one 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 representative for a focal point entity is understood to hold the same authority		
designated to him/her by the entity as that held by the previous signatory.		
If a change to a project participant requested in this section is also applicable to a focal point entity, it is		
understood that the project participant and the focal point are the same legal entity, with the same legal		
registration in the respective jurisdiction.		