**Form: ANNEX 2**

| **Date of submission** | 08/09/2010 |
|---|---|
| **Section 1: Project Details** | |
| **1. Title of the CDM project activity** | Inner Mongolia Bayannaoer Chuanjingsumu (IV) Wind Power Project |
| **2. Please state reference number if available** | 2951 |
| **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:** ☐ Project Participant ☐ Focal Point | |
| **Name of the entity:** Kommunalkredit Public Consulting GmbH | |
| **Party (country that authorised participation):** Austria | |
| **Contact details (primary authorized signatory):** | Mr.☐ Ms.☒ |
| Last name: Amerstorfer | Telephone: |
| First name: Alexandra | Fax: |
| Email: | Address: |
| Specimen signature: | |
| **Contact details (alternate authorized signatory):** | Mr.☒ Ms.☐ |
| Last name: Eichberger | Telephone: |
| First name: Sascha | 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. | |

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| **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:**<br>☐ Project Participant ☐ Focal Point | |
| **Name of the entity:**<br>Longyuan (Bayannaoer) Wind Power Co., Ltd. | |
| **Party (country that authorised participation):**<br>China | |
| **Contact details (primary authorized signatory):** | Mr.☒ Ms.☐ |
| Last name: Huang | Telephone: |
| First name: Qun | Fax: |
| Email: | Address: |
| Specimen signature: | |
| **Contact details (alternate authorized signatory):** | Mr.☒ Ms.☐ |
| Last name: Wang | Telephone: |
| First name: Yao | 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. | |