Form: ANNEX 2

Date of submission	22/08/2011
Section 1: Project Details	
1. Title of the CDM project activity	Musa River 1st Level Small Hydropower Project
2. Please state reference number if available	3982
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: Carbon Asset Management Sweden Pte Ltd	
Party (country that authorised participation): Sweden	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Holmgren	Telephone:
First name: Christer	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☒
Last name: Nord	Telephone:
First name: Teresa	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: Tricorona Carbon Asset Management Pte Ltd	
Party (country that authorised participation):	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Holmgren	Telephone:
First name: Christer	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☒
Last name: Nord	Telephone:
First name: Teresa	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: Carbon Asset Management Sweden AB	
Party (country that authorised participation):	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Holmgren	Telephone:
First name: Christer	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☒
Last name: Nord	Telephone:
First name: Teresa	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.	