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: 23/02/2022 CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS Shanxi Lingqiu Hanfengling 49.5 MW Wind Power Project / project/programme of activities: Project/programme of activities: Shanxi Lingqiu Chanfengling 49.5 MW Wind Power Project / Project/programme of activities reference number: SECTION 4: CHANGE OF CONTACT DETAILS OF EXTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS) The following entity is an existing project participant/Local point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details: Project Participant Silocal Point Name of entity: Iniqui Construction Investment Hengguan Wind Energy Co.,Ltd Address: Yuyuan Plaza,No.9 Y uhua Xilu,Qiaoxi District 050000 Shijazhuang City Mr. ⊠ Ms.□ China Contact details (primary authorized signatory): Mr. ⊠ Ms.□ Last name: Yu First name: Linfei Telephone 1: First name: Signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. □ Ms.⊠ Last name: Jang Telephone 1: First name: Linfei Telephone 1: First name: Ling Telephone 2 (optional): Last name: Jang Telephone 1:	Data of submissions		22/02/2022	
Title of the project/programme of activities: Shanxi Lingqiu Hanfengling 49.5 MW Wind Power Project Project/programme of activities reference number: 5011 SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS) 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: Project Participant ⊠ Focal Point Name of entity: Lingqiu Construction Investment Hengguan Wind Energy Co.,Ltd Address: Yuyuan Plaza,No.9 Yuhua Xilu,Qiaoxi District 900000 Shijiazhuang City Mr. ⊠ Ms.□ China Telephone 1: Contact details (primary authorized signatory): Mr. ⊠ Ms.□ Last name: Yu Telephone 2 (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. □ Ms.⊠ Last name: Zhang Telephone 1: First name: Ling Telephone 1: First name: Ling Felephone 2 (optional): Email: Statternate authorized signatory): Mr. □ Ms.⊠ Mr.□ Ms.⊠ Last name: Zhang Telephone 1: First name: Ling Telephone 2 (optional	Date of submission:			
Project Project Project/programme of activities reference number: 5011 SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS) 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: Project Participant ⊠ Focal Point Name of entity: Lingqiu Construction Investment Hengguan Wind Energy Co.,Ltd Address: Yuyuan Plaza,No.9 Yuhua Xilu,Qiaoxi District 050000 Shijiazhuang City Mr.⊠ Ms.□ China Contact details (primary authorized signatory): Mr.⊠ Ms.□ Last name: Yu First name: Linfei Telephone 1: First name: Linfei Fax (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr.□ Ms.⊠ Last name: Zhang Telephone 1: First name: Ling Fax (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr.□ Ms.⊠ Last name: Zhang Telephone 1: First name: Ling Fax (optional): Email: Specimen signature: Date (dd/mm/yyyy):				
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AND FOCAL POINTS) 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: Project Participant Focal Point Name of entity: Lingqiu Construction Investment Hengguan Wind Energy Co.,Ltd Image: Construction Investment Hengguan Wind Energy Co.,Ltd Address: Yuyuan Plaza,No.9 Yuhua Xilu,Qiaoxi District 050000 Shijiazhuang City China Mr. Ms. Party (country authorizing participation): China Mr. Ms. Contact details (primary authorized signatory): Mr. Ms. Last name: Yu Telephone 1: First name: Linfei Fox (optional): Specimen signature: Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. Ms. Last name: Zhang Telephone 1: First name: Ling First name: Ling Felephone 2 (optional): Fax (optional): Specimen signature: Date (dd/mm/yyyy): Date (dd/mm/yyyy):	Project/programme of activities reference number:	5011		
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Lingqiu Construction Investment Hengguan Wind Energy Co.,Ltd Address: Yuyuan Plaza,No.9 Yuhua Xilu,Qiaoxi District 050000 Shijiazhuang City China Party (country authorizing participation): China Contact details (primary authorized signatory): Mr. ⊠ Ms. □ Last name: Yu Telephone 1: First name: Linfei Telephone 2 (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. □ Ms. ⊠ Last name: Zhang Telephone 1: First name: Ling Telephone 2 (optional): Email: Specimen signature: Date (dd/mm/yyyy): Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. □ Ms. ⊠ Last name: Zhang Telephone 1: First name: Ling Telephone 2 (optional): Email: Specimen signature: Date (dd/mm/yyyy): Date (dd/mm/yyyy):	programme of activities and hereby requests the following changes to its contact details:			
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Last name: Zhang Telephone 1: First name: Ling 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 (*)	Specimen signature:	Date (dd/mm/yyyy):		
Last name: Zhang Telephone 1: First name: Ling 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 (*)				
First name: Ling 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 (*)	Contact details (alternate authorized signatory):	Mr. 🗖 Ms. 🛛		
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 (*)	Last name: Zhang	Telephone 1:		
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Signature(s) of the focal point for scope of authority (b) or the project participant to whom the changes apply (*)	Email:	Fax (optional):		
	Specimen signature:	Date (dd/mm/yyyy):		
(Add lines for signatories as necessary. Only one signatory per entity is required.)				
(Add lines for signatories as necessary, Only one signatory ner artity 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.