

**Form: ANNEX 2**

<b>Date of submission</b>		15/03/2011
<b>Section 1: Project Details</b>		
<b>1. Title of the CDM project activity</b>	Nkolfoulou Landfill Gas Recovery Project	
<b>2. Please state reference number if available</b>	2992	
<b>Section 4: Change of contact details (project participants or focal point entities)</b>		
<b>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:</b> <input checked="" type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point		
<b>Name of the entity:</b> orbeo		
<b>Party (country that authorised participation):</b> France		
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Rosier	Telephone:	
First name: Philippe	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Siegwart	Telephone:	
First name: Pascal	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.		