

Form: ANNEX 2

Date of submission		18/01/2012
Section 1: Project Details		
1. Title of the CDM project activity	Jiangsu Qingshi Cement Plant's Low Temperature Waste Heat Power Generation Project	
2. Please state reference number if available	1309	
Section 2: <u>Addition/change of name</u> of a project participant		
<input type="checkbox"/> Add project participant <input checked="" type="checkbox"/> Change name of project participant The following entity is hereby added as a project participant or is newly named in respect of the above CDM project. By providing a specimen signature below, the project participant confirms its acceptance of the <u>Statement of Agreement</u> of the current modalities of communication.		
Name of the entity: Jiangsu Yangxian South Cement Co.,ltd		
Party (country that authorised participation): China		
Former name of project participant: Jiangsu Qingshi Cement Co.,ltd		
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Zhao	Telephone:	
First name: Jianfeng	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):		
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>		
Last name:	Telephone:	
First name:	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.		
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:

Marubeni Cooperation

Party (country that authorised participation):

Japan

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Sato

Telephone:

First name: Makoto

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Yoshida

Telephone:

First name: Atsushi

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.