

CDM-MOC-FORM Form: ANNEX 2

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|---|---|------------|--|-----|-----------------|------------|---------------------|------|---------------|----------|
| Date of submission | | 29/07/2009 | | | | | | | | |
| Section 1: Project Details | | | | | | | | | | |
| 1. Title of the CDM project activity | Jilin Tongyu Huaneng 100.5MW Wind Power Project | | | | | | | | | |
| 2. Please state project ID Number if available | 0256 | | | | | | | | | |
| Section 4: Change of contact details (project participants or focal point entities) | | | | | | | | | | |
| <p>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:</p> | | | | | | | | | | |
| <p>Name of the entity: Huaneng New Energy Industrial Co. Ltd.</p> | | | | | | | | | | |
| <p>Party (country that authorised participation): China</p> | | | | | | | | | | |
| <table border="1"> <tr> <td>Contact details (primary authorized signatory):</td> <td>Ms.</td> </tr> <tr> <td>Last name: Song</td> <td>Telephone:</td> </tr> <tr> <td>First name: Yuhong</td> <td>Fax:</td> </tr> <tr> <td>Email: Ms.</td> <td>Address:</td> </tr> </table> | | | Contact details (primary authorized signatory): | Ms. | Last name: Song | Telephone: | First name: Yuhong | Fax: | Email: Ms. | Address: |
| Contact details (primary authorized signatory): | Ms. | | | | | | | | | |
| Last name: Song | Telephone: | | | | | | | | | |
| First name: Yuhong | Fax: | | | | | | | | | |
| Email: Ms. | Address: | | | | | | | | | |
| <p>Specimen signature:</p> | | | | | | | | | | |
| <table border="1"> <tr> <td>Contact details (alternate authorized signatory):</td> <td>Mr.</td> </tr> <tr> <td>Last name: Liu</td> <td>Telephone:</td> </tr> <tr> <td>First name: Ruixuan</td> <td>Fax:</td> </tr> <tr> <td>Email: Mr.</td> <td>Address:</td> </tr> </table> | | | Contact details (alternate authorized signatory): | Mr. | Last name: Liu | Telephone: | First name: Ruixuan | Fax: | Email: Mr. | Address: |
| Contact details (alternate authorized signatory): | Mr. | | | | | | | | | |
| Last name: Liu | Telephone: | | | | | | | | | |
| First name: Ruixuan | Fax: | | | | | | | | | |
| Email: Mr. | Address: | | | | | | | | | |
| <p>Specimen signature:</p> | | | | | | | | | | |
| <p>Signature(s) of designated focal point for addition of project participant and communication of voluntary withdrawal of project participants:</p> | | | | | | | | | | |