

**Form: ANNEX 2**

<b>Date of submission</b>		27/09/2011
<b>Section 1: Project Details</b>		
<b>1. Title of the CDM project activity</b>	Gansu Shuigouping Small Hydropower Project	
<b>2. Please state reference number if available</b>	4154	
<b>Section 4: Change of contact details (project participants or focal point entities)</b>		
<p><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></p> <p><input checked="" type="checkbox"/> Project Participant <span style="margin-left: 200px;"><input checked="" type="checkbox"/> Focal Point</span></p>		
<b>Name of the entity:</b> MGM Carbon Portfolio S.a.r.l		
<b>Party (country that authorised participation):</b> United Kingdom of Great Britain and Northern Ireland		
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Mackle	Telephone:	
First name: John	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Fernandez de Mello e Souza	Telephone:	
First name: Pablo	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:**

MGM Carbon Portfolio S.a.r.l

**Party (country that authorised participation):**

Switzerland

**Contact details (primary authorized signatory):**

Mr.  Ms.

Last name: Mackle

Telephone:

First name: John

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr.  Ms.

Last name: Fernandez de Mello e Souza

Telephone:

First name: Pablo

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.