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.

CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS Title of the project/programme of activities: Enercon Wind Farms in Karnataka Bundled Project – 33 MW Project/programme of activities reference number: 1299 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: Ø Project Participant Ø Focal Point Name of entity: Japan Party (country authorizing participation): Japan Japan Party (country authorizing participation): Japan Mr. M M. M. Ms. □ Contact details (primary authorized signatory): Mr. M M. Outonal): Email: Specimen signature: Date (dd/mm/yyyy): Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. □ Ms. ☑ I ast name: Hasegawa Telephone 1: Enercicle First name: Aya Telephone 2 (optional): Enercicle First name: Aya Telephone 2 (optional): Enail: Specimen signature: Date (dd/mm/yyyy): Date (dd/mm/yyyy):	Date of submission:		19/12/2012	
Title of the project/programme of activities: Enercon Wind Farms in Karnataka Bundled Project – 33 MW Project/programme of activities reference number: 1299 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: Japan Carbon Finance, Ltd. Address: 23-3, Ichiban-cho Chiyoda-ku 102-0082 Tokyo Japan Party (country authorizing participation): Japan Contact details (primary authorized signatory): Mr. ⊠ Ms.□ Last name: Ochiai Telephone 1: First name: Tomoyuki Finali: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. □ Ms.⊠ Last name: Hasegawa Telephone 1: First name: Aya Telephone 1: First name: Aya Finali: Fax (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Specimen signature: Date (dd/mm/yyyy):				
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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: Hasegawa	Telephone 1:		
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: Aya	Telephone 2 (optional):		
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.)				
	(*) In the case of programme of activities, this section shall be signed by the focal point(s) for scope (b)			
The most of signatories as necessary. Only one signatory per chilly is required.				

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.