Form: ANNEX 2

Date of submission	03/02/2012
Section 1: Project Details	
1. Title of the CDM project activity	Regional landfill projects in Chile
2. Please state reference number if available	1435
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: Bionersis SA	
Party (country that authorised participation): France	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Heuze	Telephone:
First name: Nicolas	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☐
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.	

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: Climate Change Investment I S.A. SICAR	
Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Goergen	Telephone:
First name: Thomas	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Brodel	Telephone:
First name: Ralph	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: Bionersis Chile SA	
Party (country that authorised participation): Chile	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Aubertin	Telephone:
First name: Guy	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☐
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.	