

Form: ANNEX 2

Date of submission		19/04/2012
Section 1: Project Details		
1. Title of the CDM project activity	Upgradation and expansion of A.P.M.C compost plant at Tikri, Delhi	
2. Please state reference number if available	2502	
Section 2: <u>Addition/change of name of a project participant</u>		
<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: IL&FS Environmental Infrastructure and Services Limited		
Party (country that authorised participation): India		
Former name of project participant: IL&FS Ecosmart		
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Babu	Telephone:	
First name: Mahesh	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):		
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Tripathy	Telephone:	
First name: Debashish	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:

IL&FS Environmental Infrastructure and Services Limited

Party (country that authorised participation):

India

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Babu

Telephone:

First name: Mahesh

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Tripathy

Telephone:

First name: Debashish

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.