

Form: ANNEX 2

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| Date of submission | | 18/08/2011 |
| Section 1: Project Details | | |
| 1. Title of the CDM project activity | Adavikanda, Kuruwita Division Mini Hydro Power Project | |
| 2. Please state reference number if available | 3531 | |
| 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: Mitsubishi UFJ Morgan Stanley Securities Co., Ltd. | | |
| Party (country that authorised participation): Japan | | |
| Former name of project participant: Mitsubishi UFJ Securities Co., Ltd. | | |
| Contact details (primary authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> | |
| Last name: Watanabe | Telephone: | |
| First name: Hajime | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |
| Contact details (alternate authorized signatory): | | |
| Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> | | |
| Last name: Toyofuku | Telephone: | |
| First name: Masayuki | 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:

Alternate Power Systems (Pvt.) Ltd.

Party (country that authorised participation):

Sri Lanka

Contact details (primary authorized signatory):

Mr. Ms.

Last name: De Zilva

Telephone:

First name: Russell

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.