

**Form: ANNEX 2**

<b>Date of submission</b>		24/01/2012
<b>Section 1: Project Details</b>		
<b>1. Title of the CDM project activity</b>	Project for the catalytic reduction of N2O emissions with a secondary catalyst inside the ammonia oxidation reactors of the NAN1 and NAN2 nitric acid plants at Abonos Colombianos SA ("Abocol"), Colombia.	
<b>2. Please state reference number if available</b>	1119	
<b>Section 4: Change of contact details (project participants or focal point entities)</b>		
<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> <input checked="" type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point		
<b>Name of the entity:</b> Abonos Colombianos S.A.		
<b>Party (country that authorised participation):</b> Colombia		
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Rios Arrieta	Telephone:	
First name: Juan Manuel	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Guevara Vasquez	Telephone:	
First name: Nelson Andres	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:**

Abonos Colombianos S.A.

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

Switzerland

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

Mr. ☒ Ms. ☐

Last name: Rios Arrieta

Telephone:

First name: Juan Manuel

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Guevara Vasquez

Telephone:

First name: Nelson Andres

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.