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.

Date of submission:	13/09/2013	
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project/programme of activities:	Yunnan Yuanjiang Lutong Hydropower Station	
Project/programme of activities reference number:	1743	
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: Image: Second system of the project participant Image: Second system of project participant		
Name of entity: South Pole Carbon Asset Management Ltd.		
Address: Technoparkstrasse 1 8005 Zurich Switzerland		
Party (country authorizing participation): Switzerland		
Contact details (primary authorized signatory):	Mr. 🛛 Ms.	
Last name: Heuberger	Telephone 1:	
First name: Renat	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.	
Last name: Grobbel	Telephone 1:	
First name: Christoph	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
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: Image: Comparison of activities and hereby requests the following changes to its contact details: Image: Comparison of activities and hereby requests the following changes to its contact details: Image: Comparison of activities and hereby requests the following changes to its contact details: Image: Comparison of the project of the above CDM project / project Participant Image: Comparison of the participant Image		
Name of entity: Yuanjiang Lutong Hydropower Co., Ltd.		
Address: No 2089, North of Haiyuan Road, Gaoxin District, Kunming City, Yunnan Province 650106 Kunming China		
Party (country authorizing participation): China		
Contact details (primary authorized signatory):	Mr. 🗖 Ms. 🛛	
Last name: Liu	Telephone 1:	
First name: Zaoyan	Telephone 2 (optional):	
Email:	Fax (optional):	

CDM-MOC-FORM

The following entity is an existing project participant/local point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details: B Project Participant B Focal Point Name of entity: Kommanalatedit Public Consulting GMBH Address: Tuerkenstrasse 9 1092 Vienna Austria Party (country authorizing participation): Mr. M. M	Specimen signature:	Date (dd/mm/yyyy):	
programme of activities and hereby requests the following changes to its confact details: Secal Point Second Point Second Point Address: Focal Point Tuerkenstrasse 0 1092 Vienna Austria Mr. S. Ms. [] Contact details (primary authorizing participation): Mr. S. Ms. [] Austria Mr. S. Ms. [] Contact details (primary authorized signatory): Mr. S. Ms. [] First name: Diernhofer Telephone 1: First name: Wolfgang Telephone 2 (optional): Fmail: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. Ms. [] Last name: Gauss Telephone 1: First name: Martin Telephone 2 (optional): 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 (*) Name of authorized signatory: Signature Oute: dd/mm/yyyy Signature of authorized signatory: (Add lines for signatories as necessary. Only one signatory per entity is required.) (*) In the case of programme of			
Kommunalkredit Public Consulting GMBH Address: Tuerkentrasse 9 1092 Vienna Austria Party (country authorizing participation): Austria Contact details (primary authorized signatory): Mr. ☑ Ms.□ Last name: Diernhofer Telephone 1: First name: Wolfgang Telephone 2 (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. ☑ Ms.□ Last name: Gauss Telephone 1: First name: Gauss Telephone 2 (optional): Email: Fax (optional): Email: Fax (optional): Email: Fax (optional): Email: Telephone 2 (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy): 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 (*) Name of authorized signatory: Signature (Add lines for signatories as necessary. Only one signatory = rentily is required.) (*) In the case of	programme of activities and hereby requests the following changes to its contact details:		
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