

Form: ANNEX 2

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| Date of submission | | 07/10/2010 |
| Section 1: Project Details | | |
| 1. Title of the CDM project activity | Santa Rosa | |
| 2. Please state reference number if available | 0088 | |
| Section 4: Change of contact details (project participants or focal point entities) | | |
| <p>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:</p> <p> <input type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point </p> | | |
| <p>Name of the entity: International Bank for Reconstruction and Development</p> | | |
| Party (country that authorised participation): | | |
| Contact details (primary authorized signatory): | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> | |
| Last name: Chassard | Telephone: | |
| First name: Joelle | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |
| | | |
| Contact details (alternate authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> | |
| Last name: Prasad | Telephone: | |
| First name: Neeraj | 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. | | |