

## 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.

<b>Date of submission:</b>	21/03/2013	
<b>CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>		
<b>Title of the project/programme of activities:</b>	Comprehensive utilization of waste coal gas for electricity generation project in Shaanxi Xinglong Cogeneration Co. Ltd	
<b>Project/programme of activities reference number:</b>	1397	
<b>SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES</b>		
<input type="checkbox"/> Add project participant entity <input checked="" type="checkbox"/> Change legal name of project participant entity <i>(if selected, indicate former name below)</i> <b>The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.</b>		
<b>Name of entity:</b> Shaanxi Huaifu New Energy Co., Ltd.		
<b>Address:</b> Longmen County 715405 Hancheng China		
<b>Former name of project participant entity (if applicable):</b> Shaanxi Xinglong Cogeneration Co., Ltd.		
<b>Party (country authorizing participation):</b> China		
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: WU	Telephone 1:	
First name: Bo	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: DANG	Telephone 1:	
First name: Changshui	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
<b>Signature(s) of the focal point for scope of authority (b)</b>		
Name of authorized signatory:	Signature	Date: dd/mm/yyyy

(Add lines for signatories as necessary. Only one signatory per focal point is required.)