**Form: ANNEX 2**

| **Date of submission** | 18/01/2012 |
|---|---|
| **Section 1: Project Details** | |
| **1. Title of the CDM project activity** | Copiulemu landfill gas project (Center for the Storage and Transfer, Recovery and Control of Waste, Treatment and Disposal of Industrial and Household Waste) |
| **2. Please state reference number if available** | 0096 |
| **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:** Empresa de Tratamiento de Residuos Copiulemu S.A. | |
| **Party (country that authorised participation):** Chile | |
| **Contact details (primary authorized signatory):** | Mr. ☒ Ms. ☐ |
| Last name: Kother | Telephone: |
| First name: Alfredo | Fax: |
| Email: | Address: |
| Specimen signature: | |
| **Contact details (alternate authorized signatory):** | Mr. ☒ Ms. ☐ |
| Last name: D'Herck | Telephone: |
| First name: Thomas | 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. | |