

**Form: ANNEX 2**

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