

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:		
<input checked="" type="checkbox"/> Project Participant		<input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Kother	Telephone:	
First name: Alfredo	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	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.		