

Form: ANNEX 2

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| 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. | | |