

**Form: ANNEX 2**

|                                                                                                                                                                                                                                                                                                                                             |                                                                      |                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------|
| <b>Date of submission</b>                                                                                                                                                                                                                                                                                                                   |                                                                      | 24/06/2011       |
| <b>Section 1: Project Details</b>                                                                                                                                                                                                                                                                                                           |                                                                      |                  |
| <b>1. Title of the CDM project activity</b>                                                                                                                                                                                                                                                                                                 | Gansu Zhuoni Niuzi 30MW Hydropower Project                           |                  |
| <b>2. Please state reference number if available</b>                                                                                                                                                                                                                                                                                        | 2012                                                                 |                  |
| <b>Section 4: Change of contact details (project participants or focal point entities)</b>                                                                                                                                                                                                                                                  |                                                                      |                  |
| <p><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></p> <p><input checked="" type="checkbox"/> Project Participant <span style="margin-left: 200px;"><input type="checkbox"/> Focal Point</span></p> |                                                                      |                  |
| <b>Name of the entity:</b><br>Arreon Carbon UK Ltd.                                                                                                                                                                                                                                                                                         |                                                                      |                  |
| <b>Party (country that authorised participation):</b><br>Netherlands                                                                                                                                                                                                                                                                        |                                                                      |                  |
| <b>Contact details (primary authorized signatory):</b>                                                                                                                                                                                                                                                                                      | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |                  |
| Last name: Shi                                                                                                                                                                                                                                                                                                                              | Telephone:                                                           |                  |
| First name: Zheng                                                                                                                                                                                                                                                                                                                           | Fax:                                                                 |                  |
| Email:                                                                                                                                                                                                                                                                                                                                      | Address:                                                             |                  |
| Specimen signature:                                                                                                                                                                                                                                                                                                                         |                                                                      |                  |
| <b>Contact details (alternate authorized signatory):</b>                                                                                                                                                                                                                                                                                    | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> |                  |
| Last name: Zhang                                                                                                                                                                                                                                                                                                                            | Telephone:                                                           |                  |
| First name: Linghui                                                                                                                                                                                                                                                                                                                         | 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.                                                                                                                                                                                                                                                                 |                                                                      |                  |