**Form: ANNEX 2**

| **Date of submission** | 29/06/2012 |
|---|---|
| **Section 1: Project Details** | |
| **1. Title of the CDM project activity** | SDIC Xiyang Baiyangling CMM to power generation project |
| **2. Please state reference number if available** | 3219 |
| **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:** Camco Carbon Limited | |
| **Party (country that authorised participation):** United Kingdom of Great Britain and Northern Ireland | |
| **Contact details (primary authorized signatory):** | Mr. ☒ Ms. ☐ |
| Last name: Yuzhong | Telephone: |
| First name: Zhang | Fax: |
| Email: | Address: |
| Specimen signature: | |
| **Contact details (alternate authorized signatory):** | Mr. ☐ Ms. ☒ |
| Last name: Pertynska | Telephone: |
| First name: Julia | 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. | |

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|---|---|
| **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:**<br>☒ Project Participant ☒ Focal Point | |
| **Name of the entity:**<br>Camco Carbon Limited | |
| **Party (country that authorised participation):**<br>Switzerland | |
| **Contact details (primary authorized signatory):** | Mr. ☒ Ms. ☐ |
| Last name: Yuzhong | Telephone: |
| First name: Zhang | Fax: |
| Email: | Address: |
| Specimen signature: | |
| **Contact details (alternate authorized signatory):** | Mr. ☐ Ms. ☒ |
| Last name: Pertynska | Telephone: |
| First name: Julia | 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. | |