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:		
	M M	
Contact details (alternate authorized signatory):	Mr. Ms. Ms.	
Last name: Pertynska	Telephone:	
First name: Julia	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b):	D	ate:
Name:	Signature:	
Only one primary or alternate signatory per focal point entity	is required.	

Name of the entity: Camco Carbon Limited Party (country that authorised participation): 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: Signature(s) of designated focal point for scope (b): Date:	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:		
Cameo Carbon Limited Party (country that authorised participation): 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:	Project Participant	⊠ Focal Point	
Switzerland Contact details (primary authorized signatory): Mr. ⋈ Ms. □ Last name: Yuzhong Telephone: First name: Zhang Fax: Email: Address: Specimen signature: Mr. □ Ms. ⋈ 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:	•		
Last name: Yuzhong First name: Zhang Fax: Email: Address: Specimen signature: Contact details (alternate authorized signatory): Last name: Pertynska Telephone: First name: Julia Fax: Email: Address: Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature:			
First name: Zhang Email: Address: Specimen signature: Contact details (alternate authorized signatory): Last name: Pertynska Telephone: First name: Julia Fax: Email: Address: Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature:	Contact details (primary authorized signatory):	Mr.⊠ Ms.□	
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:	Last name: Yuzhong	Telephone:	
Specimen signature: Contact details (alternate authorized signatory): Last name: Pertynska Telephone: First name: Julia Email: Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature: Signature:	First name: Zhang	Fax:	
Contact details (alternate authorized signatory): Last name: Pertynska Telephone: First name: Julia Fax: Email: Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature:	Email:	Address:	
Last name: Pertynska First name: Julia Email: Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature: Signature:	Specimen signature:		
First name: Julia Fax: Email: Address: Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature:	Contact details (alternate authorized signatory):	Mr. Ms. Ms.	
Email: Address: Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature:	Last name: Pertynska	Telephone:	
Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature:	First name: Julia	Fax:	
Signature(s) of designated focal point for scope (b): Name: Signature:	Email:	Address:	
Name: Signature:	Specimen signature:		
	Signature(s) of designated focal point for scope (b):	Date:	
Only one primary or alternate signatory per focal point entity is required.	Name:	Signature:	