Form: ANNEX 2

Date of submission	25/04/2012
Section 1: Project Details	
1. Title of the CDM project activity	Yamunanagar & Sonipat (India) OSRAM CFL distribution CDM Project
2. Please state reference number if available	2457
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: Osram GmbH	
Party (country that authorised participation): Germany	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Gregor	Telephone:
First name: Wolfgang	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Bronger	Telephone:
First name: Boris	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.	

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: RWE Power AG	
Party (country that authorised participation): Germany	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Kons	Telephone:
First name: Ludwig	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Aguilera Lagos	Telephone:
First name: Antonio	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.	

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: Osram India Pvt. Ltd.	
Party (country that authorised participation): India	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Mehra	Telephone:
First name: Gagan	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Singh	Telephone:
First name: Avinder	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.	