CDM-MOC-FORM: ANNEX 2

This annex is to be used by the focal point(s) for scope of authority (b) or by the submitting project participant when applicable, to request changes to project participant status and contact details of focal points following project/programme registration.

SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS Title of the project / programme of activities: Shibeishan Wind Power Generation Project in Huilai County, Guangdong Province Project / programme of activities reference number: 1627 SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES Add project participant entity Change legal name of project participant entity (<i>if selected, indicate former name below</i>) The following entity is hereby added as a project participant or is newly named in respect of the above CDM	Date of submission:			08/09/2015	
Title of the project / programme of activities: Shibeishan Wind Power Generation Project in Huilai County, Guangdong Province Project / programme of activities reference number: 1627 SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTIFIES Madd project participant entity if definition is the project participant entity (if selected, indicate former name below) The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms is acceptance of the current modalities of communication. Name of entity: Vitol S.A. Address: Boulevard Du Pont D'Arve 28 Boulevard Du Pont D'Arve 28 Vitol (participation): Switzerland Mr. [M ns.] Party (country authorizing participation): Mr. [M ns.] Switzerland Mr. [M ns.] Last name: Fransen I telephone 1: First name: Lagalisse Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. [M ns.] Last name: Lagalisse Telephone 1: First name: Julien Telephone 1: First name: Julien Telephone 1: First name: Lagalisse Telephone 1:				DETAILS	
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Email: Fax (optional):	First name: Julien		Telephone 2 (optional):		
	Email:		Fax (optional):		
Specimen signature: Date (dd/mm/yyyy):	Specimen signature:		Date (dd/mm/yyyy):		
Signature(s) of the focal point for scope of authority (b) Date: dd/mm/ Name of authorized signatory: Signature					
(Add lines for signatories as necessary. Only one signatory per focal point is required.)		ry. Only one signatory p			