## Form: ANNEX 2

| Date of submission                                                                                                                                                               |                                                        | 19/06/2012 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------|
| Section 1: Project Details                                                                                                                                                       |                                                        |            |
| 1. Title of the CDM project activity                                                                                                                                             | Bionersis LFG projects Colombia 4 (Cucuta & Manizales) |            |
| 2. Please state reference number if available                                                                                                                                    | 3656                                                   |            |
| 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                                                                                                                                                              | ⊠ <sup>Focal Point</sup>                               |            |
| Name of the entity:<br>Bionersis SA                                                                                                                                              |                                                        |            |
| Party (country that authorised participation):<br>France                                                                                                                         |                                                        |            |
| Contact details (primary authorized signatory):                                                                                                                                  | Mr. Ms.                                                |            |
| Last name: Heuze                                                                                                                                                                 | Telephone:                                             |            |
| First name: Nicolas                                                                                                                                                              | Fax:                                                   |            |
| Email:                                                                                                                                                                           | Address:                                               |            |
| Specimen signature:                                                                                                                                                              |                                                        |            |
|                                                                                                                                                                                  |                                                        |            |
| Contact details (alternate authorized signatory):                                                                                                                                | Mr. Ms.                                                |            |
| Last name:                                                                                                                                                                       | Telephone:                                             |            |
| First name:                                                                                                                                                                      | 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.                                                                                                      |                                                        |            |

| 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                                                                                                                                                              | □ <sup>Focal Point</sup> |  |
| Name of the entity:<br>Bionersis Colombia SA ESP                                                                                                                                 |                          |  |
| <b>Party (country that authorised participation):</b><br>Colombia                                                                                                                |                          |  |
| Contact details (primary authorized signatory):                                                                                                                                  | Mr. Ms.                  |  |
| Last name: Aubertin                                                                                                                                                              | Telephone:               |  |
| First name: Guy                                                                                                                                                                  | Fax:                     |  |
| Email:                                                                                                                                                                           | Address:                 |  |
| Specimen signature:                                                                                                                                                              |                          |  |
| Contact details (alternate authorized signatory):                                                                                                                                | Mr. Ms.                  |  |
| Last name:                                                                                                                                                                       | Telephone:               |  |
| First name:                                                                                                                                                                      | 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.                                                                                                      |                          |  |