

**Form: ANNEX 2**

|                                                                                                                                                                                                                                                                                                    |                                                                              |                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------|
| <b>Date of submission</b>                                                                                                                                                                                                                                                                          |                                                                              | 23/07/2012       |
| <b>Section 1: Project Details</b>                                                                                                                                                                                                                                                                  |                                                                              |                  |
| <b>1. Title of the CDM project activity</b>                                                                                                                                                                                                                                                        | Efficient utilisation of waste heat and natural gas at Dahej complex of GACL |                  |
| <b>2. Please state reference number if available</b>                                                                                                                                                                                                                                               | 0500                                                                         |                  |
| <b>Section 4: Change of contact details (project participants or focal point entities)</b>                                                                                                                                                                                                         |                                                                              |                  |
| <b>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:</b><br><input checked="" type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point |                                                                              |                  |
| <b>Name of the entity:</b><br>Gujarat Alkalies and Chemicals Limited                                                                                                                                                                                                                               |                                                                              |                  |
| <b>Party (country that authorised participation):</b><br>India                                                                                                                                                                                                                                     |                                                                              |                  |
| <b>Contact details (primary authorized signatory):</b>                                                                                                                                                                                                                                             | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>         |                  |
| Last name: Patel                                                                                                                                                                                                                                                                                   | Telephone:                                                                   |                  |
| First name: Hasmukhbhai Baldevbhai                                                                                                                                                                                                                                                                 | Fax:                                                                         |                  |
| Email:                                                                                                                                                                                                                                                                                             | Address:                                                                     |                  |
| Specimen signature:                                                                                                                                                                                                                                                                                |                                                                              |                  |
|                                                                                                                                                                                                                                                                                                    |                                                                              |                  |
| <b>Contact details (alternate authorized signatory):</b>                                                                                                                                                                                                                                           | Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>                    |                  |
| 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.                                                                                                                                                                                                                        |                                                                              |                  |