

Form: ANNEX 2

Date of submission		07/03/2012
Section 1: Project Details		
1. Title of the CDM project activity	Central de Resíduos do Recreio Landfill Gas Project (CRRLGP)	
2. Please state reference number if available	0648	
Section 4: Change of contact details (project participants or focal point entities)		
<p>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:</p> <p><input checked="" type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point</p>		
<p>Name of the entity: SIL SOLUÇÕES AMBIENTAIS LTDA.</p>		
<p>Party (country that authorised participation): Brazil</p>		
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: HARTMANN	Telephone:	
First name: FERNANDO	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: DE FARIA	Telephone:	
First name: CARLOS	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.		