Form: ANNEX 2

| Date of submission | | 20/04/2012 | |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|
| Section 1: Project Details | | | |
| 1. Title of the CDM project activity | ACC Blended cement projects at New Wadi Plant, Tikaria Cement Plant, Chanda Cement Works, Kymore Cement Works, Lakheri Cement Works and Chaibasa Cement Works | | |
| 2. Please state reference number if available | 0287 | | |
| Section 4: Change of contact details (project participants or focal point entities) | | | |
| The following entity is an existing project participant/foca hereby requests the following changes to its contact detail | | above CDM project and | |
| The Associated Cement Companies Ltd. | | | |
| Party (country that authorised participation): India | | | |
| Contact details (primary authorized signatory): | Mr. Ms. | | |
| Last name: Rao | Telephone: | | |
| First name: K.N. | Fax: | | |
| Email: | Address: | | |
| Specimen signature: | | | |
| Contact details (alternate authorized signatory): | Mr. Ms. | | |
| Last name: Sreenivasa | Telephone: | | |
| First name: Raju | 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: | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|
| \bowtie Project Participant | ⊠ ^{Focal Point} | |
| Name of the entity: Agrinergy Ltd | | |
| Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland | | |
| Contact details (primary authorized signatory): | Mr. Ms. | |
| Last name: Atkinson | Telephone: | |
| First name: Ben | 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. | | |