

**Form: ANNEX 2**

<b>Date of submission</b>		20/04/2012
<b>Section 1: Project Details</b>		
<b>1. Title of the CDM project activity</b>	ACC Blended cement projects at New Wadi Plant, Tikaria Cement Plant, Chanda Cement Works, Kymore Cement Works, Lakheri Cement Works and Chaibasa Cement Works	
<b>2. Please state reference number if available</b>	0287	
<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>		
<input checked="" type="checkbox"/> Project Participant		<input checked="" type="checkbox"/> Focal Point
<b>Name of the entity:</b> The Associated Cement Companies Ltd.		
<b>Party (country that authorised participation):</b> India		
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Rao	Telephone:	
First name: K.N.	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Sreenivasa	Telephone:	
First name: Raju	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.		

**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

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.