

**Form: ANNEX 2**

<b>Date of submission</b>		24/04/2012
<b>Section 1: Project Details</b>		
<b>1. Title of the CDM project activity</b>	Quimobásicos HFC Recovery and Decomposition Project	
<b>2. Please state reference number if available</b>	0151	
<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 type="checkbox"/> Focal Point		
<b>Name of the entity:</b> Electrabel SA		
<b>Party (country that authorised participation):</b> Netherlands		
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Debroux	Telephone:	
First name: Bernard	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Rossi	Telephone:	
First name: Daniel	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.		