### Section 1: Project Details

1. **Title of the CDM project activity**
   - Xinjiang Alashankou Wind Power Project

2. **Please state reference number if available**
   - 4001

### Section 4: Change of contact details (project participants or focal point entities)

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:**
The Norwegian Ministry of Finance

**Party (country that authorised participation):**
Norway

#### Contact details (primary authorized signatory):

<table>
<thead>
<tr>
<th>Last name: Klakeg</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name: Sigurd</td>
<td>Fax:</td>
</tr>
<tr>
<td>Email:</td>
<td>Address:</td>
</tr>
</tbody>
</table>

**Specimen signature:**

#### Contact details (alternate authorized signatory):

<table>
<thead>
<tr>
<th>Last name: Holter</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name: Bjorg Elin</td>
<td>Fax:</td>
</tr>
<tr>
<td>Email:</td>
<td>Address:</td>
</tr>
</tbody>
</table>

**Specimen signature:**

**Signature(s) of designated focal point for scope (b):**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Signature:</th>
</tr>
</thead>
</table>

Date: ..............................

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:

<table>
<thead>
<tr>
<th>Project Participant</th>
<th>Focal Point</th>
</tr>
</thead>
</table>

**Name of the entity:**
Longyuan Alashankou Wind Power Co.,Ltd.

**Party (country that authorised participation):**
China

**Contact details (primary authorized signatory):**

<table>
<thead>
<tr>
<th>Mr.</th>
<th>Ms.</th>
</tr>
</thead>
</table>

Last name: Huang  
First name: Qun  
Telephone:  
Fax:  
Email:  
Address:  
Specimen signature:

**Contact details (alternate authorized signatory):**

<table>
<thead>
<tr>
<th>Mr.</th>
<th>Ms.</th>
</tr>
</thead>
</table>

Last name: Wang  
First name: Yao  
Telephone:  
Fax:  
Email:  
Address:  
Specimen signature:

**Signature(s) of designated focal point for scope (b):**

Name: .................................................................  
Signature: .................................................................

Date: ..............................

Only one primary or alternate signatory per focal point entity is required.