## **CDM-MOC-FORM: ANNEX 2**

This annex is to be used by the focal point(s) for scope of authority (b) or by the submitting project participant when applicable, to request changes to project participant status and contact details of focal points following project/programme registration.

Date of submission:		22/10/2013		
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS				
Title of the project/programme of activities:		Jianli Kaidi Biomass Power Project		
Project/programme of activities a	reference number:	3044		
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES				
	ed as a project particip By providing a specime	cted, indicate former name below) ant or is newly named in respect of the above CDM en signature below, the project participant confirms its		
Name of entity: Camco Clean Energy Plc				
Address: Channel House, Green Street, St He JE2 4UH Jersey United Kingdom of Great Britain an				
Former name of project participant entity (if applicable): Camco International Limited				
<b>Party (country authorizing partic)</b> Switzerland	ipation):			
End-date of participation:	of participation: 🛛 N/A (participation is not limited in time) 🗌 dd/mm/yyyy			
Contact details (primary authoriz	ed signatory):	Mr. 🛛 Ms.		
Last name: Zhang		Telephone 1:		
First name: Yuzhong		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. 🛛 Ms.		
Last name: Ludlow		Telephone 1:		
First name: Graeme		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
	ed as a project particip By providing a specime	cted, indicate former name below) ant or is newly named in respect of the above CDM en signature below, the project participant confirms its		
Name of entity: Camco Clean Energy Plc				
Address: Channel House, Green Street, St He JE2 4UH Jersey United Kingdom of Great Britain an				

<b>Party (country authorizing par</b> United Kingdom of Great Britain				
End-date of participation:	N/A (participation	⊠ N/A (participation is not limited in time) □ dd/mm/yyyy		
Contact details (primary autho	rized signatory):	Mr. 🛛 Ms.		
Last name: Zhang		Telephone 1:		
First name: Yuzhong		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. 🛛 Ms.		
Last name: Ludlow		Telephone 1:		
First name: Graeme		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
<b>Signature(s) of the focal point f</b> Name of authorized signatory:	or scope of authority (b)	Signature	Date: dd/mm/yyyy	