

**Form: ANNEX 2**

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|--|--|------------------|
| <b>Date of submission</b>  |  | 29/07/2011       |
| <b>Section 1: Project Details</b>  |  |                  |
| <b>1. Title of the CDM project activity</b>  | Liaoning Zhangwu 24.65MW Wind Farm Project                           |                  |
| <b>2. Please state reference number if available</b>   | 0539   |                  |
| <b>Section 4: Change of contact details (project participants or focal point entities)</b>   |  |                  |
| <p><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></p> <p><input checked="" type="checkbox"/> Project Participant <span style="margin-left: 200px;"><input checked="" type="checkbox"/> Focal Point</span></p> |  |                  |
| <b>Name of the entity:</b><br>Carbon Asset Management Sweden AB  |  |                  |
| <b>Party (country that authorised participation):</b><br>Sweden  |  |                  |
| <b>Contact details (primary authorized signatory):</b>   | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |                  |
| Last name: Holmgren  | Telephone:   |                  |
| First name: Christer   | Fax:   |                  |
| Email:   | Address:   |                  |
| Specimen signature:  |  |                  |
| <b>Contact details (alternate authorized signatory):</b>   | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> |                  |
| Last name: Nord  | Telephone:   |                  |
| First name: Teresa   | 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:**

Carbon Asset Management Sweden AB

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

Switzerland

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

Mr.  Ms.

Last name: Holmgren

Telephone:

First name: Christer

Fax:

Email:

Address:

Specimen signature:

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

Mr.  Ms.

Last name: Nord

Telephone:

First name: Teresa

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.