

Form: ANNEX 2

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| Date of submission | | 23/08/2011 |
| Section 1: Project Details | | |
| 1. Title of the CDM project activity | Sri Balaji 6 MW Non-Conventional Renewable Sources Biomass Power Project | |
| 2. Please state reference number if available | 0362 | |
| 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: <input checked="" type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point | | |
| Name of the entity: Carbon Asset Services Sweden AB | | |
| Party (country that authorised participation): Sweden | | |
| Contact details (primary authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> | |
| Last name: Holmgren | Telephone: | |
| First name: Christer | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |
| Contact details (alternate authorized signatory): | 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.