

**Form: ANNEX 2**

<b>Date of submission</b>		04/03/2011
<b>Section 1: Project Details</b>		
<b>1. Title of the CDM project activity</b>	Bagasse based Co-generation Project at Mawana Sugar Works	
<b>2. Please state reference number if available</b>	0805	
<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      <input checked="" type="checkbox"/> Focal Point</p>		
<p><b>Name of the entity:</b> Asian Development Bank, as Trustee of the Asia Pacific Carbon Fund</p>		
<p><b>Party (country that authorised participation):</b> Sweden</p>		
<b>Contact details (primary authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Yao		Telephone:
First name: Xianbin		Fax:
Email:		Address:
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Um		Telephone:
First name: Woochong		Fax:
Email:		Address:
Specimen signature:		
<b>Signature(s) of designated focal point for scope (b):</b>		Date: .....
Name: .....		Signature: .....
<b>Only one primary or alternate signatory per focal point entity is required.</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:**

Project Participant

Focal Point

**Name of the entity:**

Asian Development Bank, as Trustee of the Asia Pacific Carbon Fund

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

Spain

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

Mr.  Ms.

Last name: Yao

Telephone:

First name: Xianbin

Fax:

Email:

Address:

Specimen signature:

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

Mr.  Ms.

Last name: Um

Telephone:

First name: Woochong

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.