

Form: ANNEX 2

Date of submission	07/07/2011
---------------------------	------------

Section 1: Project Details

1. Title of the CDM project activity	“Coconut shell charcoaling and power generation at Badalgama, Sri Lanka”
2. Please state reference number if available	2364

Section 2: Addition/change of name of a project participant

Add project participant
 Change name of project participant
The following entity is hereby added as a project participant or is newly named in respect of the above CDM project. By providing a specimen signature below, the project participant confirms its acceptance of the Statement of Agreement of the current modalities of communication.

Name of the entity:
 Recogen Private Limited

Party (country that authorised participation):
 Sri Lanka

Former name of project participant:
 Recogen Limited

Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Balaratnarajah	Telephone:
First name: Bremen	Fax:
Email:	Address:

Specimen signature:

Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone:
First name:	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.

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:

Japan Carbon Finance, Ltd.

Party (country that authorised participation):

Japan

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Matsuda

Telephone:

First name: Toshio

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. Ms.

Last name: Hasegawa

Telephone:

First name: Aya

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.