

## 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.

|                                                                                                                                                                                  |                                                   |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------|
| <b>Date of submission:</b>                                                                                                                                                       | 20/02/2018                                        |                                                 |
| <b>SECTION 1: PROJECT/PROGRAMME DETAILS</b>                                                                                                                                      |                                                   |                                                 |
| <b>Title of the project/programme of activities:</b>                                                                                                                             | Yunnan Whitewaters Hydropower Development Project |                                                 |
| <b>Project/programme of activities reference number:</b>                                                                                                                         | 0841                                              |                                                 |
| <b>SECTION 3: WITHDRAWAL OF PROJECT PARTICIPANTS ENTITY/IES</b>                                                                                                                  |                                                   |                                                 |
| <input checked="" type="checkbox"/> Voluntary withdrawal <input type="checkbox"/> Administrative withdrawal                                                                      |                                                   |                                                 |
| <b>The following entity is registered as a project participant in the above CDM project / programme of activities and hereby confirms its voluntary consent to be withdrawn.</b> |                                                   |                                                 |
| <b>Name of entity:</b><br>Iren Mercato S.p.A.                                                                                                                                    |                                                   |                                                 |
| <b>Party (country authorizing participation):</b><br>Italy                                                                                                                       |                                                   |                                                 |
| <b>Name of authorized signatory:</b><br>Gianluca Bufo                                                                                                                            |                                                   |                                                 |
| Signature:                                                                                                                                                                       |                                                   | Date (dd/mm/yyyy):                              |
| <b>Signature(s) of the focal point for scope of authority (b) or the project participant requesting the withdrawal (*)</b>                                                       |                                                   |                                                 |
| Name of authorized signatory:                                                                                                                                                    |                                                   | Signature                      Date: dd/mm/yyyy |
| (Add lines for signatories as necessary. Only one signatory per entity is required.)                                                                                             |                                                   |                                                 |
| (*) In the case of programme of activities, this section shall be signed by the focal point(s) for scope (b)                                                                     |                                                   |                                                 |