Form: ANNEX 2

Date of submission	22/06/2012
Section 1: Project Details	
1. Title of the CDM project activity	Bundled Waste Processing Facilities in India
2. Please state reference number if available	3248
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: 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: Chander	Telephone:
First name: Seethapathy	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.	

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): Sweden	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Chander	Telephone:
First name: Seethapathy	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.	

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: Kingdom of Spain	
Party (country that authorised participation): Spain	
Contact details (primary authorized signatory):	Mr.☐ Ms.☒
Last name: Magro Andrade	Telephone:
First name: Susana	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	Mr.☒ Ms.☐
Last name: Soler Vera	Telephone:
First name: Alberto	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.	