**Form: ANNEX 2**

| **Date of submission** | 30/08/2011 |
|---|---|
| **Section 1: Project Details** | |
| **1. Title of the CDM project activity** | CECIC Zhangbei Gaojialiang Wind farm Project |
| **2. Please state reference number if available** | 4095 |
| **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:**<br>☒ Project Participant ☒ Focal Point | |
| **Name of the entity:**<br>Carbon Resource Management Ltd. | |
| **Party (country that authorised participation):**<br>United Kingdom of Great Britain and Northern Ireland | |
| **Contact details (primary authorized signatory):** | Mr.☒ Ms.☐ |
| Last name: Martin | Telephone: |
| First name: John | Fax: |
| Email: | Address: |
| Specimen signature: | |
| **Contact details (alternate authorized signatory):** | Mr.☐ Ms.☐ |
| Last name: | Telephone: |
| First name: | Fax: |
| Email: | Address: |
| Specimen signature: | |
| Signature(s) of designated focal point for scope (b): Date: .....<br>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:**<br>☒ Project Participant ☐ Focal Point | |
| **Name of the entity:**<br>CECIC Wind Power (Zhangbei) Yunwei Co., Ltd | |
| **Party (country that authorised participation):**<br>China | |
| **Contact details (primary authorized signatory):** | Mr.☒ Ms.☐ |
| Last name: Jia | Telephone: |
| First name: Rui | Fax: |
| Email: | Address: |
| Specimen signature: | |
| **Contact details (alternate authorized signatory):** | Mr.☐ Ms.☒ |
| Last name: Chen | Telephone: |
| First name: Dongjuan | 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. | |