## **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.

| Date of submission:                                                                                                                                                                                                                                                     |                                                              | 01/02/2024 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------|
| CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS                                                                                                                                                                                                                             |                                                              |            |
| Title of the project/programme of activities:                                                                                                                                                                                                                           | Datang Yumen Changma First (north) 48MW Wind Farm<br>Project |            |
| Project/programme of activities reference number:                                                                                                                                                                                                                       | 7073                                                         |            |
| SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS<br>AND FOCAL POINTS)                                                                                                                                                                           |                                                              |            |
| The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:   ☑ Project Participant ☑ Focal Point                        |                                                              |            |
| Name of entity:<br>Datang Gansu Power Generation Co., Ltd.                                                                                                                                                                                                              |                                                              |            |
| Address:<br>No.575 Xijin Dong Road,Qilihe District,Lanzhou City,Gansu Province<br>730050 Lanzhou City<br>China                                                                                                                                                          |                                                              |            |
| Party (country authorizing participation):<br>China                                                                                                                                                                                                                     |                                                              |            |
| Contact details (primary authorized signatory):                                                                                                                                                                                                                         | Mr. 🗖 Ms. 🛛                                                  |            |
| Last name: Guo                                                                                                                                                                                                                                                          | Telephone 1:                                                 |            |
| First name: Lili                                                                                                                                                                                                                                                        | Telephone 2 (optional):                                      |            |
| Email:                                                                                                                                                                                                                                                                  | Fax (optional):                                              |            |
| Specimen signature:                                                                                                                                                                                                                                                     | Date (dd/mm/yyyy):                                           |            |
|                                                                                                                                                                                                                                                                         |                                                              |            |
| Contact details (alternate authorized signatory):                                                                                                                                                                                                                       | Mr. 🛛 Ms.                                                    |            |
| Last name: Sun                                                                                                                                                                                                                                                          | Telephone 1:                                                 |            |
| First name: Yimin                                                                                                                                                                                                                                                       | Telephone 2 (optional):                                      |            |
| Email:                                                                                                                                                                                                                                                                  | Fax (optional):                                              |            |
| Specimen signature:                                                                                                                                                                                                                                                     | Date (dd/mm/yyyy):                                           |            |
|                                                                                                                                                                                                                                                                         |                                                              |            |
| Signature(s) of the focal point for scope of authority (b) or the project participant to whom the changes apply (*)   Name of authorized signatory: Signature   Date: dd/mm/yyyy   (Add lines for signatories as necessary. Only one signatory per entity is required.) |                                                              |            |
|                                                                                                                                                                                                                                                                         | · · <i>J</i> · · · · · · · · · · · · · · · · · · ·           |            |

**DISCLAIMER:** Any new representative for a focal point entity is understood to hold the same authority designated to him/her by the entity as that held by the previous signatory.

If a change to a project participant requested in this section is also applicable to a focal point entity, it is understood that the project participant and the focal point are the same legal entity, with the same legal registration in the respective jurisdiction.