



**Address:**

Xuandong Industrial Park, Gujiaying Town,Xuanhua County  
075100 Zhangjiakou  
China

**Party (country authorizing participation):**

China

**Contact details (primary authorized signatory):**

Mr. ☒ Ms. ☐

Last name: SU

Telephone 1:

First name: Linxiang

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.)

(\*) In the case of programme of activities, this section shall be signed by the focal point(s) for scope (b)

**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.**