

Form: ANNEX 2

Date of submission		06/10/2010
Section 1: Project Details		
1. Title of the CDM project activity	Project for the catalytic reduction of N2O emissions with a secondary catalyst inside the ammonia reactor of the No. 9 nitric acid plant at African Explosives Ltd (“AEL”), South Africa	
2. Please state reference number if available	1171	
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: <input checked="" type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point		
Name of the entity: African Explosives Ltd.		
Party (country that authorised participation): South Africa		
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Roberts	Telephone:	
First name: Trevor	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Eagar	Telephone:	
First name: Paul	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:

N.serve Environmental Services GmbH

Party (country that authorised participation):

United Kingdom of Great Britain and Northern Ireland

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: von Ruffer

Telephone:

First name: Albrecht

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: von Velsen-Zerweck

Telephone:

First name: Marten

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.