

**Form: ANNEX 2**

<b>Date of submission</b>		08/02/2011
<b>Section 1: Project Details</b>		
<b>1. Title of the CDM project activity</b>	Olavarria Landfill Gas Recovery Project	
<b>2. Please state reference number if available</b>	0140	
<b>Section 4: Change of contact details (project participants or focal point entities)</b>		
<p><b>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:</b></p> <p> <input type="checkbox"/> Project Participant         <input checked="" type="checkbox"/> Focal Point       </p>		
<p><b>Name of the entity:</b>          International Bank for Reconstruction and Development (IBRD) acting as a trustee of the Community Development Carbon Fund (CDCF)</p>		
<b>Party (country that authorised participation):</b>		
<b>Contact details (primary authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Chassard	Telephone:	
First name: Joelle	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Wang	Telephone:	
First name: Tao	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.		