## **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:	20/12/2022	
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project/programme of activities:	Zhurihe Phase I 49.5MW Wind Farm Project in Xilingol League, Inner Mongolia	
Project/programme of activities reference number:	5181	
SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS 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 followin ⊠ Project Participant		
Name of entity: Climate Bridge Ltd		
Address: 171 Main Street,PO Box 92, Tortola VG1110 Road Town Virgin Islands (British)		
Party (country authorizing participation): Netherlands		
Contact details (primary authorized signatory):	Mr. 🛛 Ms.	
Last name: Kolmetz	Telephone 1:	
First name: Sven	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature: Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.	
Last name: Gao	Telephone 1:	
First name: Zhiwen	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
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:		
Name of entity: Climate Bridge Ltd.		
Address: c/o Milsted Langdon LLP Motivo House Bluebell Road, Alvington, Yeovil BA202FG Somerset United Kingdom of Great Britain and Northern Ireland		
<b>Party (country authorizing participation):</b> United Kingdom of Great Britain and Northern Ireland		
Contact details (primary authorized signatory):	Mr. 🛛 Ms. 🗆	
Last name: Kolmetz	Telephone 1:	
First name: Sven	Telephone 2 (optional):	

## **CDM-MOC-FORM**

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.
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Last name: Gao	Telephone 1:
First name: Zhiwen	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Signatura(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
funde of uutionized signatory.	
(Add lines for signatories as necessary. Only one signato	bry per entity is required.)
(Add lines for signatories as necessary. Only one signato (*) In the case of programme of activities, this section sh	
	all be signed by the focal point(s) for scope (b) oint entity is understood to hold the same authority
(*) In the case of programme of activities, this section sh DISCLAIMER: Any new representative for a focal period	all be signed by the focal point(s) for scope (b) oint entity is understood to hold the same authority e previous signatory.

registration in the respective jurisdiction.