

## 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.

|                                                                                                                                                                                                                                                                                                                   |                                                                                                         |
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| <b>Date of submission:</b>                                                                                                                                                                                                                                                                                        | 23/05/2016                                                                                              |
| <b>CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>                                                                                                                                                                                                                                                                |                                                                                                         |
| <b>Title of the project/programme of activities:</b>                                                                                                                                                                                                                                                              | Baotou Iron & Steel Coke Dry Quenching #3 and Waste Heat Utilization for Electricity Generation Project |
| <b>Project/programme of activities reference number:</b>                                                                                                                                                                                                                                                          | 1668                                                                                                    |
| <b>SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)</b>                                                                                                                                                                                                                 |                                                                                                         |
| <b>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:</b><br><input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point |                                                                                                         |
| <b>Name of entity:</b><br>Danish Ministry of Climate, Energy and Building/Danish Energy Agency                                                                                                                                                                                                                    |                                                                                                         |
| <b>Address:</b><br>Amaliegade 44, 1256 Copenhagen K<br>Denmark                                                                                                                                                                                                                                                    |                                                                                                         |
| <b>Party (country authorizing participation):</b><br>Denmark                                                                                                                                                                                                                                                      |                                                                                                         |
| <b>Contact details (primary authorized signatory):</b>                                                                                                                                                                                                                                                            | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                    |
| Last name: Havskov Sorensen                                                                                                                                                                                                                                                                                       | Telephone 1:                                                                                            |
| First name: Kristian                                                                                                                                                                                                                                                                                              | Telephone 2 (optional):                                                                                 |
| Email:                                                                                                                                                                                                                                                                                                            | Fax (optional):                                                                                         |
| Specimen signature:                                                                                                                                                                                                                                                                                               | Date (dd/mm/yyyy):                                                                                      |
| <b>Contact details (alternate authorized signatory):</b>                                                                                                                                                                                                                                                          |                                                                                                         |
| Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                                                                                                                                                                                                                              |                                                                                                         |
| Last name: Beck                                                                                                                                                                                                                                                                                                   | Telephone 1:                                                                                            |
| First name: Anton                                                                                                                                                                                                                                                                                                 | Telephone 2 (optional):                                                                                 |
| Email:                                                                                                                                                                                                                                                                                                            | Fax (optional):                                                                                         |
| Specimen signature:                                                                                                                                                                                                                                                                                               | Date (dd/mm/yyyy):                                                                                      |
| <b>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:</b><br><input checked="" type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point |                                                                                                         |
| <b>Name of entity:</b><br>Aalborg Portland A/S                                                                                                                                                                                                                                                                    |                                                                                                         |
| <b>Address:</b><br>Rordalsvej 44, 9220 Aalborg Ost<br>Denmark                                                                                                                                                                                                                                                     |                                                                                                         |
| <b>Party (country authorizing participation):</b><br>Denmark                                                                                                                                                                                                                                                      |                                                                                                         |
| <b>Contact details (primary authorized signatory):</b>                                                                                                                                                                                                                                                            | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                    |
| Last name: Holm Christensen                                                                                                                                                                                                                                                                                       | Telephone 1:                                                                                            |
| First name: Soren                                                                                                                                                                                                                                                                                                 | Telephone 2 (optional):                                                                                 |
| Email:                                                                                                                                                                                                                                                                                                            | Fax (optional):                                                                                         |

|                                                                                                                                                                                                                                                                                                                                                            |                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Specimen signature:                                                                                                                                                                                                                                                                                                                                        | Date (dd/mm/yyyy):                                                   |
| <b>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:</b><br><input checked="" type="checkbox"/> Project Participant <span style="margin-left: 100px;"><input type="checkbox"/> Focal Point</span> |                                                                      |
| <b>Name of entity:</b><br>Maersk Olie og Gas A/S                                                                                                                                                                                                                                                                                                           |                                                                      |
| <b>Address:</b><br>Esplanaden 50, DK-1263 Copenhagen K<br>Denmark                                                                                                                                                                                                                                                                                          |                                                                      |
| <b>Party (country authorizing participation):</b><br>Denmark                                                                                                                                                                                                                                                                                               |                                                                      |
| <b>Contact details (primary authorized signatory):</b>                                                                                                                                                                                                                                                                                                     | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> |
| Last name: Jensen                                                                                                                                                                                                                                                                                                                                          | Telephone 1:                                                         |
| First name: Anne                                                                                                                                                                                                                                                                                                                                           | Telephone 2 (optional):                                              |
| Email:                                                                                                                                                                                                                                                                                                                                                     | Fax (optional):                                                      |
| Specimen signature:                                                                                                                                                                                                                                                                                                                                        | Date (dd/mm/yyyy):                                                   |
| <b>Contact details (alternate authorized signatory):</b>                                                                                                                                                                                                                                                                                                   |                                                                      |
| Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                                                                                                                                                                                                                                                                       |                                                                      |
| Last name: Wilks                                                                                                                                                                                                                                                                                                                                           | Telephone 1:                                                         |
| First name: Matthew                                                                                                                                                                                                                                                                                                                                        | Telephone 2 (optional):                                              |
| Email:                                                                                                                                                                                                                                                                                                                                                     | Fax (optional):                                                      |
| Specimen signature:                                                                                                                                                                                                                                                                                                                                        | Date (dd/mm/yyyy):                                                   |
| <b>Signature(s) of the focal point for scope of authority (b) or the project participant to whom the changes apply (*)</b><br>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)                                                                                                                                                                                                                                               |                                                                      |
| <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.</b>                                                                                                                                                                    |                                                                      |
| <b>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.</b>                                                                            |                                                                      |