

Form: ANNEX 2

Date of submission	13/07/2011
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Section 1: Project Details

1. Title of the CDM project activity	Changwa 10 MW Small-scale Hydro Project
2. Please state reference number if available	1535

Section 2: Addition/change of name of a project participant

Add project participant

Change name of project participant

The following entity is hereby added as a project participant or is newly named in respect of the above CDM project. By providing a specimen signature below, the project participant confirms its acceptance of the Statement of Agreement of the current modalities of communication.

Name of the entity:
Guangxi Yizhou Changmao Power Co., Ltd.

Party (country that authorised participation):
China

Former name of project participant:
Gaungxi Yizhou Changmao Power Co., Ltd.

Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Li	Telephone:
First name: Xuanmao	Fax:
Email:	Address:

Specimen signature:

Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone:
First name:	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.

Add project participant

Change name of project participant

The following entity is hereby added as a project participant or is newly named in respect of the above CDM project. By providing a specimen signature below, the project participant confirms its acceptance of the Statement of Agreement of the current modalities of communication.

Name of the entity:

Daiwa PI Partners Co. Ltd.

Party (country that authorised participation):

Japan

Former name of project participant:

Daiwa Securities SMBC Principal Investments Co. Ltd

Contact details (primary authorized signatory):Mr. Ms.

Last name: Kuramoto

Telephone:

First name: Kinya

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):Mr. Ms.

Last name:

Telephone:

First name:

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.