

## 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.

|                                                                                                                            |                                            |                  |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------|
| <b>Date of submission:</b>                                                                                                 |                                            | 21/07/2014       |
| <b>SECTION 1: PROJECT/PROGRAMME DETAILS</b>                                                                                |                                            |                  |
| <b>Title of the project/programme of activities:</b>                                                                       | Jiangsu Qidong Dongyuan Wind Power Project |                  |
| <b>Project/programme of activities reference number:</b>                                                                   | 2857                                       |                  |
| <b>SECTION 3: WITHDRAWAL OF PROJECT PARTICIPANTS ENTITY/IES</b>                                                            |                                            |                  |
| <input type="checkbox"/> Voluntary withdrawal <input checked="" type="checkbox"/> Administrative withdrawal                |                                            |                  |
| <b>Name of entity:</b><br>Kommunalkredit Public Consulting GmbH                                                            |                                            |                  |
| <b>Party (country authorizing participation):</b><br>Austria                                                               |                                            |                  |
| <b>Signature(s) of the focal point for scope of authority (b) or the project participant requesting the withdrawal (*)</b> |                                            |                  |
| 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)               |                                            |                  |