

Form: ANNEX 2

Date of submission		17/11/2011
Section 1: Project Details		
1. Title of the CDM project activity	Yunnan Maguan Mihu River 3rd Level Hydropower Station	
2. Please state reference number if available	3118	
Section 2: <u>Addition/change of name</u> of a project participant		
<input type="checkbox"/> Add project participant <input checked="" type="checkbox"/> 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 <u>Statement of Agreement</u> of the current modalities of communication.		
Name of the entity: Maguan Shangfeng Power Development Co., Ltd		
Party (country that authorised participation): China		
Former name of project participant: Yunnan Hualiang Maguan Hydro-Electric Co., Ltd.		
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Yang	Telephone:	
First name: Chunlin	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):		
Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>		
Last name: xie	Telephone:	
First name: Guohong	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.		
Section 4: Change of contact details (project participants or focal point entities)		

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:

☒ Project Participant

☒ Focal Point

Name of the entity:

Edison Spa

Party (country that authorised participation):

Italy

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: De Sanctis

Telephone:

First name: Nicola

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☐ Ms. ☒

Last name: Guarnone

Telephone:

First name: Elena

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.