Form: ANNEX 2

Date of submission	17/08/2011
Section 1: Project Details	
1. Title of the CDM project activity	8MW pure low temperature waste heat recovery (WHR) for power generation in SDIC Hainan Cement Co., Ltd.
2. Please state reference number if available	1450

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: China Resources Cement (Changjiang) Limited	
Party (country that authorised participation): China	
Former name of project participant: SDIC Hainan Cement Co., Ltd.	
Contact details (primary authorized signatory):	Mr.☒ Ms.☐
Last name: Peng	Telephone:
First name: Sen	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	Mr.☒ Ms.☐
Last name: Wen	Telephone:
First name: Zhenxin	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: Climate Change Investment I S.A. SICAR	
Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Schulte	Telephone:
First name: Martin	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Broedel	Telephone:
First name: Ralph	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.	