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.

Date of submission: 19/03/2013		19/03/2013
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project/programme of activities:	Waste Heat Recovery and Utilisation for Power Generation Project of Jiande Conch Cement Company Limited	
Project/programme of activities reference number:	1674	
SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)		
The following entity is an existing project participant/for programme of activities and hereby requests the followis ☑ Project Participant		
Name of entity: Camco International Limited		
Address: Channel House, Green Street, St Helier JE2 4UH Jersey United Kingdom of Great Britain and Northern Ireland		
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland		
Contact details (primary authorized signatory):	Mr. ⋈ Ms. □	
Last name: Zhang	Telephone 1:	
First name: Yuzhong	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr.⊠ Ms.□	
Last name: Ludlow	Telephone 1:	
First name: Graeme	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
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: ☐ Focal Point		
Name of entity: Camco International Limited		
Address: Channel House, Green Street JE2 4UH Jersey United Kingdom of Great Britain and Northern Ireland		
Party (country authorizing participation): Switzerland		
Contact details (primary authorized signatory):	Mr. ⋈ Ms. □	
Last name: Zhang	Telephone 1:	
First name: Yuzhong	Telephone 2 (optional):	
Email:	Fax (optional):	

Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ⋈ Ms.
Last name: Ludlow	Telephone 1:
First name: Graeme	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
The following entity is an existing project participant/for programme of activities and hereby requests the follow ☐ Project Participant	
Name of entity: Camco I Limited	
Address: Channel House, Green Street JE2 4UH St Helier United Kingdom of Great Britain and Northern Ireland	
Party (country authorizing participation): Switzerland	
Contact details (primary authorized signatory):	Mr. ⊠ Ms.□
Last name: Zhang	Telephone 1:
First name: Yuzhong	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☑ Ms. □
Last name: Ludlow	Telephone 1:
First name: Graeme	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of authorized signatory:	or the project participant to whom the changes apply (*) Signature Date: dd/mm/yyyy
(Add lines for signatories as necessary. Only one signatory	y per entity is required.)
(*) In the case of programme of activities, this section shall	ll be signed by the focal point(s) for scope (b)
DISCLAIMER: Any new representative for a focal poi designated to him/her by the entity as that held by the	
If a change to a project participant requested in this se understood that the project participant and the focal p registration in the respective jurisdiction.	