

**Form: ANNEX 2**

<b>Date of submission</b>		04/10/2010
<b>Section 1: Project Details</b>		
<b>1. Title of the CDM project activity</b>	N2O abatement project at nitric acid plant No. 11 at African Explosives Ltd. (AEL), South Africa	
<b>2. Please state reference number if available</b>	1364	
<b>Section 4: Change of contact details (project participants or focal point entities)</b>		
<p><b>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:</b></p> <p> <input type="checkbox"/> Project Participant         <input checked="" type="checkbox"/> Focal Point       </p>		
<b>Name of the entity:</b> African Explosives Ltd.		
<b>Party (country that authorised participation):</b> South Africa		
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Roberts	Telephone:	
First name: Trevor	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Eagar	Telephone:	
First name: Paul	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.		

**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:**

N.serve Environmental Services GmbH

**Party (country that authorised participation):**

United Kingdom of Great Britain and Northern Ireland

**Contact details (primary authorized signatory):**

Mr. ☒ Ms. ☐

Last name: von Ruffer

Telephone:

First name: Albrecht

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr. ☒ Ms. ☐

Last name: von Velsen-Zerweck

Telephone:

First name: Marten

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.