

Form: ANNEX 2

Date of submission		22/05/2012
Section 1: Project Details		
1. Title of the CDM project activity	Visakhapatnam (India) OSRAM CFL distribution CDM Project	
2. Please state reference number if available	1754	
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: <input checked="" type="checkbox"/> Project Participant <input checked="" type="checkbox"/> Focal Point		
Name of the entity: Osram GmbH		
Party (country that authorised participation): Germany		
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Polack	Telephone:	
First name: Patrick	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Bronger	Telephone:	
First name: Boris	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.		