

## Form: ANNEX 2

<b>Date of submission</b>		19/09/2010
<b>Section 1: Project Details</b>		
<b>1. Title of the CDM project activity</b>	Tambun LPG Associated Gas Recovery and Utilization Project	
<b>2. Please state reference number if available</b>	1144	
<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 type="checkbox"/> Focal Point       </p>		
<b>Name of the entity:</b> Sindicatum Carbon Capital Ltd		
<b>Party (country that authorised participation):</b> Switzerland		
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Phillips	Telephone:	
First name: Gareth	Fax:	
Email:	Address:	
Specimen signature:		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Betzenbichler	Telephone:	
First name: Werner	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:**

Sindicatum Carbon Capital Ltd

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

United Kingdom of Great Britain and Northern Ireland

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

Mr. ☒ Ms. ☐

Last name: Phillips

Telephone:

First name: Gareth

Fax:

Email:

Address:

Specimen signature:

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

Mr. ☒ Ms. ☐

Last name: Betzenbichler

Telephone:

First name: Werner

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.