ANNEX VII

INFORMATION ACCOMPANYING SHIPMENTS OF WASTE AS REFERRED TO IN ARTICLE 3 (2) AND (4)

Consignment information (1)

1. Person who arranges the shipment		2. Importer/consignee		
Name:		Name:		
Address:		Address:		
Contact person:		Contact person:		
Tel.: Fax:		Tel.:	Fax:	
E-mai:		E-mail:	T GA.	
3. Actual quantity: Tonnes (Mg):	m³:	4. Actual date of shipm	ent:	
(3)				
5.(a) 1 st carrier (2)	5.(b) 2 nd carrier		5.(c) 3 rd carrier	
Name:	Name:		Name:	
Address:	Address:		Address:	
Contact person:	Contact person:		Contact person:	
Tel.:	Tel.:		Tel.:	
Fax:	Fax:		Fax:	
E-mail:	E-mail:		E-mail:	
Means of transport:			Means of transport:	
Date of transfer:	Date of transfer:		Date of transfer:	
Signature:	Signature		Signature:	
6. Waste generator (3)		8 Recovery operation	(or if appropriate disposal operation	
Original producer(s), new producer(s) or collector:		in the case of waste referred to in Article 3(4)):		
Name:		R-code/D-code:		
11-111-1		R-code/D-code.		
Address:		9. Usual description of the waste:		
Contact person:		3. Osual description of	the waste.	
Tel.: Fax:				
E-mail:				
7. Recovery facility x Laboratory □		10. Waste identification (fill in relevant codes):		
		(i) Basel Annex IX:		
Name:				
Address:		(ii) OECD (if different from (i)): SCRAP)		
Contact person:		(iii) Annex IIIA:		
Tel.: Fax		(iv) Annex IIIB:		
E-mail:	-mail:		(v) EC list of wastes:	
		(vi) National code		
		(vii) waste classification:		
11. Countries/states concerned:				
Export/dispatch	Т	ransit	Import/destination	
12. Declaration of the person who arranges the shipment: I certify that the above information is complete and correct to my				
best knowledge. I also certify that effective written contractual obligations have been entered into with the consignee (not required				
in the case of waste referred to in Article 3(4)):				
	//			
Name:		Date:	Signature:	
			3	
13. Signature upon receipt of the waste by the consignee:				
Name:		Date:	Signature:	
TO BE COMPLETED BY THE RECOVERY FACILITY OR BY THE LABORATORY:				
14. Shipment received at recovery facility		or laboratory 🗆 🔾	uantity received: Tonnes (Mg):	
	m ³ :			
Name:		Date:	Signature:	