

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 Name: Address: Contact person: Tel.: Fax: E-mail:		2. Importer/consignee Name: Address: Contact person: Tel.: Fax: E-mail:	
3. Actual quantity: Tonnes (Mg): m ³ :		4. Actual date of shipment:	
5.(a) 1st carrier ⁽²⁾ Name: Address: Contact person: Tel.: Fax: E-mail: Means of transport: Date of transfer: Signature:	5.(b) 2nd carrier Name: Address: Contact person: Tel.: Fax: E-mail: Means of transport: Date of transfer: Signature:	5.(c) 3rd carrier Name: Address: Contact person: Tel.: Fax: E-mail: Means of transport: Date of transfer: Signature:	
6. Waste generator ⁽³⁾ Original producer(s), new producer(s) or collector: Name: Address: Contact person: Tel.: Fax: E-mail:		8. Recovery operation (or if appropriate disposal operation in the case of waste referred to in Article 3(4)): R-code/D-code:	
		9. Usual description of the waste:	
7. Recovery facility x Laboratory Name: Address: Contact person: Tel.: Fax: E-mail:	10. Waste identification (fill in relevant codes): (i) Basel Annex IX: (ii) OECD (if different from (i)): SCRAP) (iii) Annex IIIA: (iv) Annex IIIB: (v) EC list of wastes: (vi) National code (vii) waste classification:		
11. Countries/states concerned:			
Export/dispatch		Transit	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 (<i>not required in the case of waste referred to in Article 3(4)</i>): Name: Date: Signature:			
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 m ³ :		or laboratory Quantity received: Tonnes (Mg):	
Name:		Date: Signature:	