## 'ANNEX VII

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

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 or laboratory Quantity received: Tonnes(Mg): m³:  Name: Date: Signature:	Consignment information (')				_
Address: Contact person: Tel. E-mail:  Tonnes (Mg):  Tonne					
Contact person: Tel.					
Tel.   Fax	Address:		Address:		
Tel.   Fax	Contact person:		Contact person:		
S. Actual quantity:   Tonnes (Mg):   m²:   4. Actual date of shipment:		Fov		Fav	
3. Actual quantity: Tornes (Mg): m²: 4. Actual date of shipment:  S(a) First carrier (²) Name:		rax		rax	
S.(a) First carrier (?)   S.(b) Second carrier   Name:   Address:   Address:   Address:   Contact person:   Tel.   Fax   E-mail:   E-mai	E-mail:		E-mail:		
Name: Address: Address: Address: Address: Address: Contact person: Contact person: Contact person: Tel. Fax Fax E-mail: E-mail	3. Actual quantity: Tonnes (Mg): m <sup>3</sup> :		4. Actual date of shipment:		
Address: Contact person: Tel. Fax Fax Be-mail: Government of transport: Date of transport: Signature:  6. Waste generator (*) Original producer(s), new producer(s) or collector: Name: Address: Contact person: Tel. Fax Fax Fax Fax Be-mail: Government of transport: Signature:  8. Recovery operation (or if appropriate disposal operation in the case of waste referred to in Article 3(4)): Name: Address: Contact person: Signature:  8. Recovery operation (or if appropriate disposal operation in the case of waste referred to in Article 3(4)): Recovery facility Name: Address: Contact person: Signature:  8. Recovery operation (or if appropriate disposal operation in the case of waste referred to in Article 3(4)): Recovery facility Name: Address: Contact person: Fax  8. Recovery operation (or if appropriate disposal operation in the case of waste referred to in Article 3(4)): Recovery facility Name: Address: Contact person: Fax  8. Recovery operation (or if appropriate disposal operation in the case of waste referred to in Article 3(4)): Recovery facility Name:  10. Waste identification (fill in relevant codes): Sasel Annex IX: (i) Sasel Annex IX: (ii) Annex IIII (*): (iv) Anne	5.(a) First carrier (°)	5.(b) Second carrier	· (	5.(c) Third carrier	
Contact person: Tel. Fax E-mail: E-mail: E-mail: E-mail: E-mail: Bermail: E-mail: E-mail: Bermail: Be	Name:	Name:		Name:	
Contact person: Tel. Fax E-mail: E-mail: E-mail: E-mail: E-mail: E-mail: Date of transport: Date of transpo	Address:	Address:		Address:	
Tel.   Fax	Contact person:	Contact person:		100000000000000000000000000000000000000	
Fax   Fax   Fax   E-mail:   E-mail:   E-mail:   E-mail:   Means of transport:   Date of tr					
E-mail:					
Means of transport: Date of tra				1 Table 1 Tabl	
Date of transfer: Signature:  5. Waste generator (*) Original producer(s), new producer(s) or collector: Name: Address: Contact person: Tel. E-mail:  7. Recovery facility   Laboratory   Signature:  Laboratory   Signature:  10. Waste identification (fill in relevant codes): (ii) Sasel Annex IX: (iii) OECD (if different from (iii): (iii) Annex IIIB (*): (iv) Annex IIIB (*): (iv) Annex IIIB (*): (iv) Annex IIIB (*): (iv) E list of wastes: (iv) National code:  11. Countries/states concerned:  Export/dispatch  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:  14. Shipment received at recovery facility   or laboratory   Quantity received: Tonnes(Mg): m²; Name: Date: Signature:  14. Shipment received at recovery facility   or laboratory   Quantity received: Tonnes(Mg): m²; Name: Date: Signature:					
Signature: Signature: Signature: Signature: Signature: Signature:  6. Waste generator (?) Original producer(s), new producer(s) or collector: Name: Address: Contact person: Tel. E-mail:  7. Recovery facility   Laboratory   Sax					
8. Waste generator (?) Original producer(s), new producer(s) or collector: Name: Address: Contact person: Tel. E-mail:    Date:   Fax   Fax					
Original producer(s), new producer(s) or collector: Name: Address: Contact person: Tel. E-mail:  7. Recovery facility   Laboratory   Fax E-mail:  10. Waste identification (fill in relevant codes): (i) Basel Annex IX: (ii) Annex IIIA (*): (iii) Annex IIIA (*): (iv) Annex IIIB (*): (v) EC list of wastes: (vi) National code:  11. Countries/states concerned:  Export/dispatch Fax  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:  TO BE COMPLETED BY THE RECOVERY FACILITY OR BY THE LABORATORY:  14. Shipment received at recovery facility   Or laboratory   Quantity received: Tonnes(Mg): m³: Name: Signature: Signature:  Output   Signature: Si	Signature:	Signature:		Signature:	
Contact person: Tel. E-mail:  10. Waste identification (fill in relevant codes): Name:  10. Waste identification (fill in relevant codes): (i) Basel Annex IX: (ii) OECD (if different from (ii)): (iii) Annex IIIA (*): (iv) Annex IIIB (*): (iv) EC list of wastes: (iv) National code:  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 (not required in the case of wastereferred to in Article 3(4)):  Name:  Date:  Signature:  14. Shipment received at recovery facility or laboratory Quantity received: Tonnes(Mg): m³-: Name: Date: Signature:	Original producer(s), new producer(s) or collector:		case of waste referred to in Article 3(4)):		
Contact person: Tel. E-mail:  7. Recovery facility   Laboratory       Laboratory	Address:		A Ularred description of the secretar		
E-mail:  7. Recovery facility   Laboratory       Laboratory	Contact person:		s. Osual description of the waste:		
E-mail:  7. Recovery facility   Laboratory       Laboratory		Fax			
Name: Address: (ii) OECD (if different from (iii): (iii) Annex IIIA (*): (iii) OECD (if different from (iii): (iii) Annex IIIA (*): (iv) Annex IIIA (*): (iv	20.50				
Name: Address: (ii) OECD (if different from (iii): (iii) Annex IIIA (*): (iii) OECD (if different from (iii): (iii) Annex IIIA (*): (iv) Annex IIIA (*): (iv			40 111-1-14		
Address: Contact person: Tel. Fax (ii) Annex IIIA (*): (iii) Annex IIIB (*): (iv) Annex IIIB (*): (v) EC list of wastes: (vi) National code:  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 (not required in the case of waste referred to in Article 3(4)):  Name: Date: Signature:  TO BE COMPLETED BY THE RECOVERY FACILITY OR BY THE LABORATORY:  14. Shipment received at recovery facility or laboratory Quantity received: Tonnes(Mg): m³: Name: Date: Signature:					
Contact person: Tel. Fax (iii) Annex IIIA ( <sup>4</sup> ): (iv) Annex IIIB ( <sup>5</sup> ): (v) EC list of wastes: (vi) National code:  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 (not required in the case of waste referred to in Article 3(4)):  Name: Date: Signature:  13. Signature upon receipt of the waste by the consignee: Name: Date: Signature:  14. Shipment received at recovery facility or laboratory Quantity received: Tonnes(Mg): m³: Name: Date: Signature:					
Tel. Fax (iv) Annex IIIB (*): (v) EC list of wastes: (vi) National code:  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 (not required in the case of waste referred to in Article 3(4)):  Name: Date: Signature:  13. Signature upon receipt of the waste by the consignee:  Name: Date: Signature:  14. Shipment received at recovery facility or laboratory Quantity received: Tonnes(Mg): m³:  Name: Date: Signature:	Address:				
E-mail:  (v) EC list of wastes: (vi) National code:  11. Countries/states concerned:  Export/dispatch  Transik  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:  13. Signature upon receipt of the waste by the consignee:  Name:  TO BE COMPLETED BY THE RECOVERY FACILITY OR BY THE LABORATORY:  14. Shipment received at recovery facility  Or laboratory  Ouantity received: Tonnes(Mg): m²:  Name:  Date:  Signature:	Contact person:		(iii) Annex IIIA (	4):	
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 (not required in the case of waste referred to in Article 3(4)):  Name:  Date:  Signature:  TO BE COMPLETED BY THE RECOVERY FACILITY OR BY THE LABORATORY:  14. Shipment received at recovery facility or laboratory Quantity received: Tonnes(Mg): m³:  Name:  Date:  Signature:  Signature:  Signature:  14. Shipment received at recovery facility Date:  Date:  Signature:  Signature:  Signature:	Tel. Fax		(iv) Annex IIIB (	5);	
11. Countries/states concerned:    Export/dispatch	E-mail:		(v) EC list of wastes:		
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 (not required in the case of waste referred to in Article 3(4)):  Name:  Date:  Signature:  13. Signature upon receipt of the waste by the consignee:  Name:  Date:  Signature:  14. Shipment received at recovery facility or laboratory Quantity received: Tonnes(Mg): m³:  Name:  Date:  Signature:  Signature:			(vi) National code:		
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:  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 Quantity received: Tonnes(Mg): m³:  Name:  Date:  Signature:  Signature:	11. Countries/states concerned:				
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:  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 Ouantity received: Tonnes(Mg): m³:  Name:  Date:  Signature:  Signature:  14. Shipment received at recovery facility Signature:  Date:  Signature:  Signature:  Name:  Signature:  Signature:	Export/dispatch	т	ransit	Import/destination	
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:  13. Signature upon receipt of the waste by the consignee:  Name:  Date:  Signature:  Signature:  14. Shipment received at recovery facility or laboratory Quantity received: Tonnes(Mg): m³:  Name:  Date:  Signature:  Signature:  14. Shipment received at recovery facility Date:  Signature:  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 or laboratory Quantity received: Tonnes(Mg): m³:  Name: Date: Signature:	knowledge. I also certify that effective written of				
Name:  Date: Signature:  TO BE COMPLETED BY THE RECOVERY FACILITY OR BY THE LABORATORY:  14. Shipment received at recovery facility or laboratory Ouantity received: Tonnes(Mg): m³:  Name: Date: Signature:	Name:	Date:		Signature:	
TO BE COMPLETED BY THE RECOVERY FACILITY OR BY THE LABORATORY:  14. Shipment received at recovery facility or laboratory Quantity received: Tonnes(Mg): m³:  Name: Date: Signature:	13. Signature upon receipt of the waste by t	the consignee:			
14. Shipment received at recovery facility or laboratory Quantity received: Tonnes(Mg): m³:  Name: Date: Signature:	Name:	Date:		Signature:	
Name: Date: Signature:	TO BE COMPL	ETED BY THE RECOVE	RY FACILITY OR	BY THE LABORATORY:	
	14. Shipment received at recovery facility	or laboratory	y 🗆 Qu	antity received: Tonnes(Mg): m3:	
	Name:	Date		Signature:	

<sup>(\*)</sup> Information accompanying shipments of green listed waste and destined for recovery or waste destined for laboratory analysis pursuant to Regulation (EC) No 1013/2006. For completing this document, see also the corresponding specific instructions as contained in Annex IC of Regulation (EC) No 1013/2006.

(\*) If more than three carriers, attach information as required in blocks 5 (a), (b), (c).

(\*) When the person who arranges the shipment is not the producer or collector, information about the producer or collector shall be provided.

(\*) The relevant code(s) as indicated in Annex IIIA to Regulation (EC) No 1013/2006 are to be used, as appropriate in sequence. Certain Basel entries such as B1100, B3010 and B3020 are restricted to particular waste streams only, as indicated in Annex IIIA.

(\*) The BEU codes listed in Annex IIIB to Regulation (EC) No 1013/2006 are to be used.'