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ANNEX VII

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

of Regulation (EC) N° 1013/2006, modified by Regulation (EC) N° 1379/2007.

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) First carrier [2]**:** Name: Address: Contact person: Tel.: Fax: E-mail: Means of transport: Date of transfer: Signature:	**5.(b) Second carrier:** Name: Address: Contact person: Tel.: Fax: E-mail: Means of transport: Date of transfer: Signature:	**5.(c) Third 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 ☐ **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))*: (iii) 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 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): m^3:

Name: Date: Signature:

[1] Information accompanying shipments of green listed waste and destined for recovery or waste destined for laboratory analysis pursuant to Regulation (EC) N° 1013/2006. For completing this document, see also the corresponding specific instructions as contained in Annex IC of Regulation (EC) N° 1013/2006.

[2] If more than three carriers, attach information as required in blocks 5 (a), (b), (c)

[3] When the person who arranges the shipments is not producer or collector, information about the collector shall be provided.

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According to the footnote 2 at the bottom of page 1, if you have to provide more than 3 carriers, please use these boxes:

5.(d) Fourth carrier: Name: Address: Contact person: Tel.: Fax: E-mail: Means of transport: Date of transfer: Signature:	**5.(e) Fifth carrier:** Name: Address: Contact person: Tel.: Fax: E-mail: Means of transport: Date of transfer: Signature:	**5.(f) Sixth carrier:** Name: Address: Contact person: Tel.: Fax: E-mail: Means of transport: Date of transfer: Signature:
5.(g) seventh carrier: Name: Address: Contact person: Tel.: Fax: E-mail: Means of transport: Date of transfer: Signature:	**5.(h) Eighth carrier:** Name: Address: Contact person: Tel.: Fax: E-mail: Means of transport: Date of transfer: Signature:	**5.(i) Ninth carrier:** Name: Address: Contact person: Tel.: Fax: E-mail: Means of transport: Date of transfer: Signature:
5.(j) Tenth carrier: Name: Address: Contact person: Tel.: Fax: E-mail: Means of transport: Date of transfer: Signature:	**5.(k) Eleventh carrier:** Name: Address: Contact person: Tel.: Fax: E-mail: Means of transport: Date of transfer: Signature:	**5.(l) Twelfth carrier:** Name: Address: Contact person: Tel.: Fax: E-mail: Means of transport: Date of transfer: Signature:
5.(m) Thirteenth carrier: Name: Address: Contact person: Tel.: Fax: E-mail: Means of transport: Date of transfer: Signature:	**5.(n) Fourteenth carrier:** Name: Address: Contact person: Tel.: Fax: E-mail: Means of transport: Date of transfer: Signature:	**5.(o) Fifteenth carrier:** Name: Address: Contact person: Tel.: Fax: E-mail: Means of transport: Date of transfer: Signature:
5.(p) Sixteenth carrier: Name: Address: Contact person: Tel.: Fax: E-mail: Means of transport: Date of transfer: Signature:	**5.(q) Seventeenth carrier:** Name: Address: Contact person: Tel.: Fax: E-mail: Means of transport: Date of transfer: Signature:	**5.(r) Eighteenth carrier:** Name: Address: Contact person: Tel.: Fax: E-mail: Means of transport: Date of transfer: Signature:

Duplicate this sheet if necessary.