

‘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) ⁽²⁾ First carrier: Name: Gert Vlastuin Transport BV Address: Otterloseweg 74 6733 AN Wekerom Contact person: Erwin Vlastuin Tel.: +31 318-591523 Fax: +31 318-592272 E-mail: info@gertvlastuin.nl Means of transport: R 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 <input type="checkbox"/> Laboratory <input type="checkbox"/> Name: Address: Contact person: Tel.: Fax: E-mail:		10. Waste identification (fill in relevant codes): i) Bazel 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 (<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 <input type="checkbox"/>		or laboratory <input type="checkbox"/>	
Name: _____		Quantity received: _____	Tonnes (Mg): m ³ : _____
Date: _____		Signature: _____	

⁽¹⁾ 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.

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

⁽³⁾ When the person who arranges the shipment is not the producer or collector, information about the producer or collector shall be provided