

ANNEX IB: Movement document for transboundary movements/shipments of waste

1. Corresponding to notification No:		2. Serial/total number of shipments: /	
3. Exporter - notifier Registration No: Name: Address: Contact person: Tel: Fax: E-mail:		4. Importer - consignee Registration No: Name: Address: Contact person: Tel: Fax: E-mail:	
5. Actual quantity: Tonnes (Mg): m ³ :		6. Actual date of shipment:	
7. Packaging Type(s) (1): Number of packages: Special handling requirements: (2) Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
8.(a) 1st Carrier (3): Registration No: Name: Address: Tel: Fax: E-mail:	8.(b) 2nd Carrier: Registration No: Name: Address: Tel: Fax: E-mail:	8.(c) Last Carrier: Registration No: Name: Address: Tel: Fax: E-mail:	
----- <i>To be completed by carrier's representative</i> ----- <i>More than three carriers</i> (2)			
Means of transport (1): Date of transfer: Signature:	Means of transport (1): Date of transfer: Signature:	Means of transport (1): Date of transfer: Signature:	
9. Waste generator(s) - producer(s) (4;5;6): Registration No: Name: Address: Contact person: Tel: Fax: E-mail: Site of generation (2):		12. Designation and composition of the waste (2):	
10. Disposal facility <input type="checkbox"/> or recovery facility <input type="checkbox"/>		13. Physical characteristics (1):	
Registration No: Name: Address: Contact person: Tel: Fax: E-mail: Actual site of disposal/recovery (2)		14. Waste identification (fill in relevant codes) (i) Basel Annex VIII (or IX if applicable): (ii) OECD code (if different from (i)): (iii) EC list of wastes: (iv) National code in country of export: (v) National code in country of import: (vi) Other (specify): (vii) Y-code: (viii) H-code (1): (ix) UN class (1): (x) UN number: (xi) UN shipping name: (xii) Customs code(s) (HS):	
11. Disposal/recovery operation(s) D-code / R-code (1):			
15. Exporter's - notifier's / generator's - producer's (4) declaration: I certify that the above information is complete and correct to my best knowledge. I also certify that legally enforceable written contractual obligations have been entered into, that any applicable insurance or other financial guarantee is in force covering the transboundary movement and that all necessary consents have been received from the competent authorities of the countries concerned. Name _____ Date _____ Signature _____			
16. For use by any person involved in the transboundary movement in case additional information is required			
17. Shipment received by importer - consignee (if not facility): Date: _____ Name: _____ Signature: _____			
TO BE COMPLETED BY DISPOSAL/ RECOVERY FACILITY			
18. Shipment received at disposal facility <input type="checkbox"/> or recovery facility <input type="checkbox"/>		19. I certify that the disposal/recovery of the waste described above has been completed	
Date of reception: _____ Accepted <input type="checkbox"/> Rejected*: <input type="checkbox"/> Quantity received: _____ Tonnes _____ m ³ _____ Approximate date of disposal/recovery: _____ Disposal/recovery operation (1): Name: Date: Signature		Name: Date: Signature and stamp:	

(1) See list of abbreviations and codes on the next page

(2) Attach details if necessary

(3) If more than three carriers, attach information as required in blocks 8 (a,b,c).

(4) Required by the Basel Convention

(5) Attach list if more than one

(6) If required by national legislation

