

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.:		4. Importer - consignee Registration No.:	
Name:		Name:	
Address:		Address:	
Contact person:		Contact person:	
Tel: Fax:		Tel: Fax:	
E-mail:		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: No:			
8.(a) 1st Carrier (3)		8.(b) 2nd Carrier	
Registration No.:		Registration No.:	
Name:		Name:	
Address:		Address:	
Tel:		Tel:	
Fax:		Fax:	
E-mail:		E-mail:	
		8.(c) Last Carrier	
		Registration No.:	
		Name:	
		Address:	
		Tel:	
		Fax:	
		E-mail:	
----- <i>To be completed by carrier's representative</i> ----- More than three carriers (2) <input type="checkbox"/>			
Means of transport (1):		Means of transport (1):	
Date of transfer:		Date of transfer:	
Signature:		Signature:	
9. Waste generator(s) - producer(s) (4;5;6)		12. Designation and composition of the waste (2)	
Registration No.:			
Name:			
Address:			
Contact person:			
Tel: Fax:			
E-mail:			
Site of generation (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)			
11. Disposal/recovery operation(s)		14. Waste identification (fill in relevant codes)	
D-code / R-code (1):		(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):	
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		19. I certify that the disposal/recovery of the waste described above has been completed	
at disposal facility <input type="checkbox"/> or recovery facility <input type="checkbox"/>			
Date of reception:		Name:	
Quantity received:		Date:	
Accepted: <input type="checkbox"/> Rejected*: <input type="checkbox"/>		Signature and stamp:	
Tonnes (Mg): m ³ :			
Approximate date of disposal/recovery:			
Disposal/recovery operation (1):			
Name:			
Date:			
Signature			

(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

