**Information accompanying transboundary transports of used electrical and electronic equipment (EEE) falling under paragraph 12**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1. Holder who arranges the transport** | | | **2. Receiving facility** | | | |
| Name |  | | Name | |  | |
| Address |  | | Address | |  | |
| Contact |  | | Contact | |  | |
| Phone |  | | Phone | |  | |
| Fax |  | | Fax | |  | |
| E-mail |  | | E-mail | |  | |
| **3. Description of the EEE (e.g.name)** | | | | | | |
|  | | | | | | |
| **4.Purpose of the transport**1 | | | | **5. Start date of the transport** | | |
| Repair under warranty  Refurbishment  Repair  Root cause analysis | | | |  | | |
| **6. Actual quantity** | | | | | | |
|  | | | | | | |
| **7. Countries/States concerned** | | | | | | |
| **Export/dispath** | | **Transit** | | | | **Import/destination** |
|  | |  | | | |  |
|  | |  | | | |  |

|  |  |  |
| --- | --- | --- |
| **8. Declaration of the holder who arranges the transport of the EEE**  I declare that I am entitled to represent my company legally and that: | | |
| (a) | The EEE in this transport is EEE that is not defined as or considered to be waste in any of the countries involved in the transport. | |
| (b) | The shipment is taking place in the framework of a business-to-business transfer agreement. A contract2 fulfilling the conditions set out in paragraph 13 of the Correspondents guidelines No 1 and if applicable a contract according to paragraph 14 of these guidelines is in place. | |
| (c) | The used EEE, in case of shipments according to paragraph 12(b) or (c) of the Correspondents’ guidelines No 1, is used EEE for professional use3 only. | |
| (d) | Upon request from the relevant authorities, I will make available underlying documentation (e.g. contracts or equivalent documents) that can be used to verify the statements contained in subparagraphs (a) and (b) above. | |
| (e) | The above information is complete and correct to the best of my knowledge. | |
| Name: | | |
| Function: | | Date: |
| Signature | | |

|  |  |
| --- | --- |
| **TO BE COMPLETED BY THE RECEIVING FACILITY** | |
| **9.Movement received at the receiving facility** | **Quantity/volume received** |
| Name | Date |
| Signature | |

1 If multiple options apply to the EEE, please indicate them all.

2 Or equivalent document in cases where there is no change of ownership of the EEE.

3 EEE for professional use is EEE that is designed to be used solely by professional users. EEE that is likely to be used by private households, or by private households as well as by professional users is not EEE for professional use.