

Movement document for transboundary movements/shipments of waste

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|---|--|---|---|
| 1. Corresponding to notification No: ITEG16102017 | | 2. Serial/total number of shipments 1 / 40 | |
| 3. Exporter — notifier Registration No: ITNR00010 Name: Cerpelli S.R.L Address: Via Biagioni 487 IT 55047 Seravezza Contact person: Rolf Niehaus Tel.: +39 12145/768 Fax: +39 12145/761 E-mail: niehaus@cerpelli.it | | 4. Importer — consignee Registration No: ITITNRINS10 Name: ABC Entsorgungsgesellschaft Address: Deponieweg 12 DE 42603 Oberhausen Contact person: Claudia Sommer Tel.: +49 12145/768 Fax: +49 12145/761 E-mail: sommer@abc-entsorgung.de | |
| 5. Actual quantity: Tonnes (Mg): 2.5 m ³ : | | 6. Actual date of shipment: 04/11/2018 | |
| 7. Packaging Type(s) (1): 1 Number of packages: 1 Special handling requirements (2) Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> | | | |
| 8.(a) 1st carrier (3): Registration No: ITNRBEF01 Name: Transport Meyer Address: Alserbachstr 2 AT 1090 Wien Tel.: +31 123456/789 Fax: +31 123456/788 E-mail: steiner@meyer.at | | 8.(b) 2nd carrier (3): Registration No: ATRTP030 Name: Transport- und Abfuhrservice Tänzel Address: Herrenstraße 1 DE 45659 Recklinghausen Tel.: +49 2361/123-0 Fax: +49 2361/123-555 E-mail: marina.aberle@abfuhrservice.de | 8.(c) Last carrier(3): Registration No: Name: Address: Tel.: Fax: E-mail: |
| ----- To be completed by carrier's representative ----- | | | |
| Means of transport (1): R Date of transfer: 04/11/2018 Signature: | | Means of transport (1): R Date of transfer: 04/12/2018 Signature: | More than three carriers (2) <input type="checkbox"/> Means of transport (1): Date of transfer: Signature: |
| 9. Waste generator(s) - producer(s)(4)(5)(6): Registration No: ITNR00010 Name: Cerpelli S.R.L Address: Via Biagioni 487 IT 55047 Seravezza Contact person: Rolf Niehaus Tel.: +39 12145/768 Fax: +39 12145/761 E-mail: niehaus@cerpelli.it Site of generation (2): | | 12. Designation and composition of the waste (2): Treated cork and wood wastes | |
| 10. Disposal facility <input checked="" type="checkbox"/> or recovery facility <input type="checkbox"/> Registration No: Name: EDG Entsorgung Dortmund GmbH Address: Germaniastraße 47 DE 44147 Dortmund Contact person: Udo Meyer Tel.: +49 0231/9111-320 Fax: +49 0231/9111-399 E-mail: meyer@edg.de Actual site of disposal/recovery: (2) | | 13. Physical characteristics (1): 1, Other physical characteristics | |
| 11. Disposal/recovery operation(s) D-code / R-code (1): D01,D12 | | 14. Waste identification (fill in relevant codes) (i) Basel Annex VIII (or IX if applicable): (ii) OECD code (if different from (i)): AC 170 (iii) EC list of wastes: 191207 (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: Rolf Niehaus Date: 04/03/2018 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"/> Date of reception: Accepted: <input type="checkbox"/> Rejected(*): <input type="checkbox"/> Quantity received: Tonnes (Mg): m ³ : Approximate date of disposal/recovery: Disposal/recovery operation(1): Name: Date: Signature: | | 19. I certify that the disposal/recovery of the waste described above has been completed. Name: Date: Signature and stamp: | |

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(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