



Distr.: General  
9 September 2017

English only

---

**Conference of the Parties to the Basel Convention  
on the Control of Transboundary Movements of  
Hazardous Wastes and Their Disposal**

**Thirteenth meeting**

Geneva, 24 April–5 May 2017

Agenda item 4 (c) (i)

**Matters related to the implementation of the Convention:  
legal, compliance and governance matters: Committee  
Administering the Mechanism for Promoting  
Implementation and Compliance**

**Committee Administering the Mechanism for Promoting  
Implementation and Compliance**

**Addendum**

**Revised forms**

**Note by the Secretariat**

At its thirteenth meeting, the Conference of the Parties to the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal adopted, in decision BC-13/9 on the Committee Administering the Mechanism for Promoting Implementation and Compliance, revisions to the revised reporting format for the Basel Convention national reporting, the standardized reporting format for transmitting information under paragraphs 1 (a) and (b) of Article 4 and paragraphs 2 (c) and (d) of Article 13 of the Convention (import and export prohibitions), and the revised form for notification of designation of country contacts, on the basis of the revisions proposed in document UNEP/CHW.13/9/Add.2. The revised forms, as adopted, are set out in the annexes to the present note. Due to budgetary constraints, the present note and its annexes have not been translated. The present note, including its annexes, has not been formally edited.

**Annex I****Revisions to question 3 of the revised reporting format for the Basel Convention national reporting****Secretariat of the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal****Questionnaire on "Transmission of Information"**Reporting for the year 20XX<sup>1, 2</sup>

(...)

**Restrictions on and conditions for Transboundary Movement of Hazardous Wastes and Other Wastes**

|      |  |
|------|--|
| 3a   | <p><b>Has the amendment to the Basel Convention (Decision III/1) been implemented in your country?</b><br/> <a href="#">(Articles 13.2(c), 13.2(d) and 13.3(c))</a></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Remarks:</p>  |
| 3b   | <p><b>Are there in your country any restrictions on the <u>export</u> of hazardous wastes and other wastes for <u>final disposal</u> (Annex IV A)?</b><br/> <a href="#">(Articles 13.2(d), 13.3(c) and 13.3(i)).</a></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If yes, please specify:</b></p>                                     |
| (i)  | <p><b>The nature of the restriction:</b></p> <p>Total prohibition <input type="checkbox"/></p> <p>Partial restriction <input type="checkbox"/></p> <p><b>If partial restriction</b> (e.g. depending on the intended final disposal operation) please specify the nature of the restriction:</p>  |
| (ii) | <p><b>The country or region covered by this restriction:</b></p> <p>All countries <input type="checkbox"/></p> <p>non Parties to BC <input type="checkbox"/></p> <p>non-Annex VII countries <input type="checkbox"/></p> <p>non OECD countries <input type="checkbox"/></p> <p>non-EU countries <input type="checkbox"/></p> <p>other <input type="checkbox"/></p> |

<sup>1</sup> Adopted by COP12 in decision BC-12/6.<sup>2</sup> The questionnaire will be made available in the electronic reporting system of the Basel Convention.

|            | <p>If other, please specify:</p>   |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|------------|--|-----------------|------------------------------|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|
| (iii)      | <p><b>The wastes covered by the restrictions:</b></p> <p>All wastes covered by BC <input type="checkbox"/></p> <p>Annex VIII BC <input type="checkbox"/></p> <p>Annex II BC <input type="checkbox"/></p> <p>Amber List OECD <input type="checkbox"/></p> <p>Amber List EU <input type="checkbox"/></p> <p>Article 1(1)b nationally defined hazardous wastes <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If other, please specify:</p><br><br><p>If possible, attach a list or provide it in the following table <b>(optional)</b>:</p> <table border="1" data-bbox="304 853 1437 1104"> <thead> <tr> <th data-bbox="304 853 539 920">Waste code</th> <th data-bbox="539 853 1150 920">Type of waste<sup>(1)</sup></th> <th data-bbox="1150 853 1437 920">Remarks, if any</th> </tr> </thead> <tbody> <tr> <td data-bbox="304 920 539 965"></td> <td data-bbox="539 920 1150 965"></td> <td data-bbox="1150 920 1437 965"></td> </tr> <tr> <td data-bbox="304 965 539 1010"></td> <td data-bbox="539 965 1150 1010"></td> <td data-bbox="1150 965 1437 1010"></td> </tr> <tr> <td data-bbox="304 1010 539 1055"></td> <td data-bbox="539 1010 1150 1055"></td> <td data-bbox="1150 1010 1437 1055"></td> </tr> <tr> <td data-bbox="304 1055 539 1099"></td> <td data-bbox="539 1055 1150 1099"></td> <td data-bbox="1150 1055 1437 1099"></td> </tr> </tbody> </table> <p><i>(box to select and upload file)</i></p> <p><sup>(1)</sup> Not required to fill in, if you have provided the waste code in column 1</p> | Waste code      | Type of waste <sup>(1)</sup> | Remarks, if any |  |  |  |  |  |  |  |  |  |  |  |  |
| Waste code | Type of waste <sup>(1)</sup>   | Remarks, if any |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|            |  |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|            |  |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|            |  |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|            |  |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
| (iv)       | <p><b>If possible, provide relevant legislation and its entry into force <b>(optional)</b>:</b></p> <p><i>(box to select and upload file)</i></p>  |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
| (v)        | <p><b>Remarks:</b></p>   |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3c         | <p><b>Are there in your country any restrictions on the <u>export</u> of hazardous wastes and other wastes for <u>recovery</u> (Annex IV B)?</b><br/> <a href="#">(Articles 13.2(d),13.3(c), 13.3(i))</a></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify:</p>   |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |

| <b>(i)</b>   | <p><b>The nature of the restriction:</b></p> <p>Total prohibition <input type="checkbox"/></p> <p>Partial restriction <input type="checkbox"/></p> <p><b>If partial restriction</b> (e.g. depending on the intended Annex IV B disposal operation), please specify the nature of the restriction:</p>  |                 |                              |                 |  |  |  |  |  |  |  |  |  |
|--------------|--|-----------------|------------------------------|-----------------|--|--|--|--|--|--|--|--|--|
| <b>(ii)</b>  | <p><b>The country or region covered by this restriction:</b></p> <p>All countries <input type="checkbox"/></p> <p>non Parties to BC <input type="checkbox"/></p> <p>non-Annex VII countries <input type="checkbox"/></p> <p>non OECD countries <input type="checkbox"/></p> <p>non-EU countries <input type="checkbox"/></p> <p>other <input type="checkbox"/></p> <p><b>If other</b>, please specify:</p>   |                 |                              |                 |  |  |  |  |  |  |  |  |  |
| <b>(iii)</b> | <p><b>The wastes covered by the restrictions:</b></p> <p>All wastes covered by BC <input type="checkbox"/></p> <p>Annex VIII BC <input type="checkbox"/></p> <p>Annex II BC <input type="checkbox"/></p> <p>Amber List OECD <input type="checkbox"/></p> <p>Amber List EU <input type="checkbox"/></p> <p>Article 1(1)b nationally defined hazardous wastes <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p><b>If other</b>, please specify:</p> <p>If possible, attach a list or provide it in the following table <b>(optional)</b>:</p> <table border="1" data-bbox="323 1218 1417 1424"> <thead> <tr> <th data-bbox="323 1218 557 1285">Waste code</th> <th data-bbox="557 1218 1150 1285">Type of waste<sup>(1)</sup></th> <th data-bbox="1150 1218 1417 1285">Remarks, if any</th> </tr> </thead> <tbody> <tr> <td data-bbox="323 1285 557 1330"></td> <td data-bbox="557 1285 1150 1330"></td> <td data-bbox="1150 1285 1417 1330"></td> </tr> <tr> <td data-bbox="323 1330 557 1375"></td> <td data-bbox="557 1330 1150 1375"></td> <td data-bbox="1150 1330 1417 1375"></td> </tr> <tr> <td data-bbox="323 1375 557 1420"></td> <td data-bbox="557 1375 1150 1420"></td> <td data-bbox="1150 1375 1417 1420"></td> </tr> </tbody> </table> <p><i>(box to select and upload file)</i></p> <p><sup>(1)</sup> Not required to fill in, if you have provided the waste code in column 1</p> | Waste code      | Type of waste <sup>(1)</sup> | Remarks, if any |  |  |  |  |  |  |  |  |  |
| Waste code   | Type of waste <sup>(1)</sup>   | Remarks, if any |                              |                 |  |  |  |  |  |  |  |  |  |
|              |  |                 |                              |                 |  |  |  |  |  |  |  |  |  |
|              |  |                 |                              |                 |  |  |  |  |  |  |  |  |  |
|              |  |                 |                              |                 |  |  |  |  |  |  |  |  |  |
| <b>(iv)</b>  | <p><b>If possible, provide relevant legislation and its entry into force (optional):</b></p> <p><i>(box to select and upload file)</i></p>   |                 |                              |                 |  |  |  |  |  |  |  |  |  |
| <b>(v)</b>   | <p><b>Remarks:</b></p>   |                 |                              |                 |  |  |  |  |  |  |  |  |  |

| 3d         | <p><b>Are there in your country any restrictions on the <u>import</u> of hazardous wastes and other wastes for <u>final disposal</u> (Annex IV A)?</b><br/> <u>(Articles 13.2(c), 13.3(c) combined with 4.1(a), 13.3(i))</u></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If yes, please specify:</b></p>  |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|------------|---|-----------------|------------------------------|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|
| (i)        | <p><b>The nature of the restriction:</b></p> <p>Total prohibition <input type="checkbox"/></p> <p>Partial restriction <input type="checkbox"/></p> <p><b>If partial restriction</b> (e.g. depending on the intended final disposal operation) please specify the nature of the restriction:</p>   |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
| (ii)       | <p><b>The country or region covered by this restriction:</b></p> <p>All countries <input type="checkbox"/></p> <p>non Parties to BC <input type="checkbox"/></p> <p>non-Annex VII countries <input type="checkbox"/></p> <p>non OECD countries <input type="checkbox"/></p> <p>non-EU countries <input type="checkbox"/></p> <p>other <input type="checkbox"/></p> <p><b>If other, please specify:</b></p>  |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
| (iii)      | <p><b>The wastes covered by the restrictions:</b></p> <p>All wastes covered by BC <input type="checkbox"/></p> <p>Annex VIII BC <input type="checkbox"/></p> <p>Annex II BC <input type="checkbox"/></p> <p>Amber List OECD <input type="checkbox"/></p> <p>Amber List EU <input type="checkbox"/></p> <p>Article 1(1)b nationally defined hazardous wastes <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p><b>If other, please specify:</b></p> <p>If possible, attach a list or provide it in the following table <b>(optional)</b>:</p> <table border="1" data-bbox="304 1653 1437 1906"> <thead> <tr> <th data-bbox="304 1653 539 1720">Waste code</th> <th data-bbox="539 1653 1150 1720">Type of waste<sup>(1)</sup></th> <th data-bbox="1150 1653 1437 1720">Remarks, if any</th> </tr> </thead> <tbody> <tr> <td data-bbox="304 1720 539 1765"></td> <td data-bbox="539 1720 1150 1765"></td> <td data-bbox="1150 1720 1437 1765"></td> </tr> <tr> <td data-bbox="304 1765 539 1809"></td> <td data-bbox="539 1765 1150 1809"></td> <td data-bbox="1150 1765 1437 1809"></td> </tr> <tr> <td data-bbox="304 1809 539 1854"></td> <td data-bbox="539 1809 1150 1854"></td> <td data-bbox="1150 1809 1437 1854"></td> </tr> <tr> <td data-bbox="304 1854 539 1899"></td> <td data-bbox="539 1854 1150 1899"></td> <td data-bbox="1150 1854 1437 1899"></td> </tr> </tbody> </table> <p><i>(box to select and upload file)</i></p> | Waste code      | Type of waste <sup>(1)</sup> | Remarks, if any |  |  |  |  |  |  |  |  |  |  |  |  |
| Waste code | Type of waste <sup>(1)</sup>  | Remarks, if any |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|            |   |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|            |   |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|            |   |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|            |   |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |

|            | ( <sup>1</sup> ) Not required to fill in, if you have provided the waste code in column 1  |                 |                              |                 |  |  |  |  |  |  |
|------------|--|-----------------|------------------------------|-----------------|--|--|--|--|--|--|
| (iv)       | <b>If possible, provide relevant legislation and its entry into force (optional):</b><br><br><i>(box to select and upload file)</i>  |                 |                              |                 |  |  |  |  |  |  |
| (v)        | <b>Remarks:</b>  |                 |                              |                 |  |  |  |  |  |  |
| 3e         | <b>Are there in your country any restrictions on the <u>import</u> of hazardous wastes and other wastes for <u>recovery</u> (Annex IV B)?</b><br><b><u>(Articles 13.2(c), 13.3(c) combined with 4.1(a), 13.3(i))</u></b><br><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br><b>If yes, please specify:</b>   |                 |                              |                 |  |  |  |  |  |  |
| (i)        | <b>The nature of the restriction:</b><br><br>Total prohibition <input type="checkbox"/><br><br>Partial restriction <input type="checkbox"/><br><br><b>If partial restriction</b> (e.g. depending on the intended Annex IV B disposal operation), please specify the nature of the restriction:   |                 |                              |                 |  |  |  |  |  |  |
| (ii)       | <b>The country or region covered by this restriction:</b><br><br>All countries <input type="checkbox"/><br>non Parties to BC <input type="checkbox"/><br>non-Annex VII countries <input type="checkbox"/><br>non OECD countries <input type="checkbox"/><br>non-EU countries <input type="checkbox"/><br>other <input type="checkbox"/><br><br><b>If other</b> , please specify:   |                 |                              |                 |  |  |  |  |  |  |
| (iii)      | <b>The wastes covered by the restriction:</b><br><br>All wastes covered by BC <input type="checkbox"/><br>Annex VIII BC <input type="checkbox"/><br>Annex II BC <input type="checkbox"/><br>Amber List OECD <input type="checkbox"/><br>Amber List EU <input type="checkbox"/><br>Article 1(1)b nationally defined hazardous wastes <input type="checkbox"/><br>Other <input type="checkbox"/><br><br><b>If other</b> , please specify:<br><br>If possible, attach a list or provide it in the following table (optional): |                 |                              |                 |  |  |  |  |  |  |
|            | <table border="1"> <thead> <tr> <th>Waste code</th> <th>Type of waste<sup>(1)</sup></th> <th>Remarks, if any</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>   | Waste code      | Type of waste <sup>(1)</sup> | Remarks, if any |  |  |  |  |  |  |
| Waste code | Type of waste <sup>(1)</sup>   | Remarks, if any |                              |                 |  |  |  |  |  |  |
|            |  |                 |                              |                 |  |  |  |  |  |  |
|            |  |                 |                              |                 |  |  |  |  |  |  |

|       |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|
|       | <table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> <p>(box to select and upload file)</p> <p>(<sup>1</sup>) Not required to fill in, if you have provided the waste code in column 1</p>  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |
| (iv)  | <p><b>If possible, provide relevant legislation and its entry into force <u>(optional)</u>:</b></p> <p>(box to select and upload file)</p>   |  |  |  |  |  |  |
| (v)   | <p><b>Remarks:</b></p>   |  |  |  |  |  |  |
| 3f    | <p><b>Are there any restrictions on the <u>transit</u> of hazardous wastes and other wastes through your country?</b><br/><a href="#">(Article 13.3(i))</a></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If yes, please specify:</b></p>  |  |  |  |  |  |  |
| (i)   | <p><b>The nature of the restriction:</b></p> <p>Total prohibition <input type="checkbox"/></p> <p>Partial restriction <input type="checkbox"/></p> <p><b>If partial restriction</b> (e.g. depending on the intended disposal operation) please specify the nature of the restriction:</p>  |  |  |  |  |  |  |
| (ii)  | <p><b>The country or region covered by this restriction:</b></p> <p>All countries <input type="checkbox"/></p> <p>non Parties to BC <input type="checkbox"/></p> <p>non-Annex VII countries <input type="checkbox"/></p> <p>non OECD countries <input type="checkbox"/></p> <p>non-EU countries <input type="checkbox"/></p> <p>other <input type="checkbox"/></p> <p><b>If other, please specify:</b></p>   |  |  |  |  |  |  |
| (iii) | <p><b>The wastes covered by the restrictions:</b></p> <p>All wastes covered by BC <input type="checkbox"/></p> <p>Annex VIII BC <input type="checkbox"/></p> <p>Annex II BC <input type="checkbox"/></p> <p>Amber List OECD <input type="checkbox"/></p> <p>Amber List EU <input type="checkbox"/></p> <p>Article 1(1)b nationally defined hazardous wastes <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p><b>If other, please specify:</b></p> |  |  |  |  |  |  |

|             | <p>If possible, attach a list or provide it in the following table <b>(optional)</b>:</p> <table border="1" data-bbox="304 188 1437 443"> <thead> <tr> <th data-bbox="304 188 539 255">Waste code</th> <th data-bbox="539 188 1150 255">Type of waste<sup>(1)</sup></th> <th data-bbox="1150 188 1437 255">Remarks, if any</th> </tr> </thead> <tbody> <tr> <td data-bbox="304 255 539 300"></td> <td data-bbox="539 255 1150 300"></td> <td data-bbox="1150 255 1437 300"></td> </tr> <tr> <td data-bbox="304 300 539 344"></td> <td data-bbox="539 300 1150 344"></td> <td data-bbox="1150 300 1437 344"></td> </tr> <tr> <td data-bbox="304 344 539 389"></td> <td data-bbox="539 344 1150 389"></td> <td data-bbox="1150 344 1437 389"></td> </tr> <tr> <td data-bbox="304 389 539 434"></td> <td data-bbox="539 389 1150 434"></td> <td data-bbox="1150 389 1437 434"></td> </tr> </tbody> </table> <p><i>(box to select and upload file)</i></p> <p><sup>(1)</sup> Not required to fill in, if you have provided the waste code in column 1</p> | Waste code      | Type of waste <sup>(1)</sup> | Remarks, if any |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------|---|-----------------|------------------------------|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Waste code  | Type of waste <sup>(1)</sup>  | Remarks, if any |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|             |   |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|             |   |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|             |   |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|             |   |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>(iv)</b> | <p><b>If possible, provide relevant legislation and its entry into force <b>(optional)</b>:</b></p> <p><i>(box to select and upload file)</i></p>   |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>(v)</b>  | <p><b>Remarks:</b></p>  |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3g</b>   | <p><b>Has your country decided not to require prior written consent, either generally or under specific conditions, for <u>transit</u> transboundary movements of hazardous wastes or other wastes?</b></p> <p>(Articles 6.4, fourth sentence, and 13.3(c) <b>(optional)</b>)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If yes</b>, please specify whether this decision applies:</p> <p>Generally <input type="checkbox"/></p> <p>Under specific conditions <input type="checkbox"/></p> <p>If under specific conditions, please specify which:</p>  |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3h</b>   | <p><b>Does your country's legislation include a definition of "State of transit"?</b></p> <p>(Articles 6.4 and 13.3 (c) <b>(optional)</b>)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If yes</b>, please provide the text of the definition, including any elaboration of the meaning of the terms "through which" in the definition of "State of transit" set out in Article 2.12 of the Convention:</p>  |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |



**Annex II**

**Revised standardized reporting format for transmitting information under paragraphs 1 (a) and (b) of Article 4 and paragraphs 2 (c) and (d) of Article 13 of the Convention (import and export prohibitions)**

|  |   |  |
|--|---|--|
|  | <p align="center"><b>Secretariat of the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal</b></p> <p align="center"><b>Notification of restrictions on and conditions for transboundary movement of hazardous wastes and other wastes pursuant to articles 4 and 13 of the Basel Convention</b></p> <p>(Information reported using this form shall be regarded as a formal notification pursuant to paragraph 1 of Article 4 and paragraph 2 of Article 13 and shall be transmitted by the Secretariat of the Basel Convention to all Parties and to Signatories. Information transmitted annually under paragraph 3 of Article 13 may represent a notification under paragraphs 1 (a) and (b) of Article 4 and paragraphs 2 (c) and (d) of Article 13 of the Convention if transmitted through the designated focal point. Such information shall be transmitted by the Secretariat of the Basel Convention to all Parties and Signatories.)</p> |  |
|  | <p><b>Country:</b></p> <p><b>Institution/Department completing the questionnaire:</b></p> <p><b>Address:</b></p> <p><b>Telephone No.: Fax No.:</b></p> <p><b>Contact person:</b></p> <p><b>Position of contact person:</b></p> <p><b>Telephone No.:</b><br/>(if different from above)</p> <p><b>E-mail:</b></p> <p><b>Date when form completed (DD/MM/YYYY):</b></p>  |  |

| Restrictions on and conditions for transboundary movements of hazardous wastes and other wastes |   |                 |            |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|-----------------|------------|------------------------------|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|
| 1.  | <p><b>Has the amendment to the Basel Convention (decision III/1) been implemented in your country?</b><br/>                     Yes [ ] No [ ]</p>  |                 |            |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|   | Remarks:  |                 |            |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.  | <p><b>Are there in your country any restrictions on the <u>export</u> of hazardous wastes and other wastes for final disposal (Annex IV A)?</b><br/>                     Yes [ ] No [ ]</p> <p><b>If yes, please specify:</b></p>   |                 |            |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
| (i)   | <p><b>The nature of the restriction</b></p> <p>Total prohibition <input type="checkbox"/></p> <p>Partial restriction <input type="checkbox"/></p> <p><b>If partial restriction</b> (e.g. depending on the intended final disposal operation) please specify the nature of the restriction:</p>  |                 |            |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
| (ii)  | <p><b>The country or region covered by this restriction:</b></p> <p>All countries <input type="checkbox"/></p> <p>Non Parties to the Basel Convention <input type="checkbox"/></p> <p>Non-Annex VII countries <input type="checkbox"/></p> <p>Non OECD countries <input type="checkbox"/></p> <p>Non-EU countries <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p><b>If other</b>, please specify:</p>  |                 |            |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
| (iii)   | <p><b>The wastes covered by the restrictions:</b></p> <p>All wastes covered by the Basel Convention <input type="checkbox"/></p> <p>Annex VIII to the Basel Convention <input type="checkbox"/></p> <p>Annex II to the Basel Convention <input type="checkbox"/></p> <p>Amber List OECD <input type="checkbox"/></p> <p>Amber List EU <input type="checkbox"/></p> <p>Article 1(1)b nationally defined hazardous wastes <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p><b>If other</b>, please specify:</p> <p>If possible, attach a list or provide it in the following table:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Waste code</th> <th style="width: 50%;">Type of waste<sup>(1)</sup></th> <th style="width: 25%;">Remarks, if any</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> |                 | Waste code | Type of waste <sup>(1)</sup> | Remarks, if any |  |  |  |  |  |  |  |  |  |  |  |  |
| Waste code  | Type of waste <sup>(1)</sup>  | Remarks, if any |            |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                 |            |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                 |            |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                 |            |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                 |            |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|   | <p><sup>(1)</sup> Not required to fill in, if you have provided the waste code in column 1</p>  |                 |            |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |

| (iv)       | <b>If possible, provide relevant legislation and its entry into force:</b>   |                 |                              |                 |  |  |  |  |  |  |  |  |  |
|------------|--|-----------------|------------------------------|-----------------|--|--|--|--|--|--|--|--|--|
| (v)        | <b>Remarks:</b>  |                 |                              |                 |  |  |  |  |  |  |  |  |  |
| 3.         | <p><b>Are there in your country any restrictions on the <u>export</u> of hazardous wastes and other wastes for <u>recovery</u> (Annex IV B)?</b></p> <p>Yes [ ]      No [ ]</p> <p><b>If yes, please specify:</b></p> <p>(i) <b>The nature of the restriction:</b></p> <p>Total prohibition <input type="checkbox"/></p> <p>Partial restriction <input type="checkbox"/></p> <p><b>If partial restriction</b> (e.g. depending on the intended Annex IV B disposal operation), please specify the nature of the restriction:</p> <p>(ii) <b>The country or region covered by this restriction:</b></p> <p>All countries <input type="checkbox"/></p> <p>Non Parties to the Basel Convention <input type="checkbox"/></p> <p>Non-Annex VII countries <input type="checkbox"/></p> <p>Non OECD countries <input type="checkbox"/></p> <p>Non-EU countries <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p><b>If other</b>, please specify:</p>  |                 |                              |                 |  |  |  |  |  |  |  |  |  |
| (iii)      | <p><b>The wastes covered by the restrictions:</b></p> <p>All wastes covered by the Basel Convention <input type="checkbox"/></p> <p>Annex VIII to the Basel Convention <input type="checkbox"/></p> <p>Annex II to the Basel Convention <input type="checkbox"/></p> <p>Amber List OECD <input type="checkbox"/></p> <p>Amber List EU <input type="checkbox"/></p> <p>Article 1(1)b nationally defined hazardous wastes <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p><b>If other</b>, please specify:</p> <p>If possible, attach a list or provide it in the following table:</p> <table border="1" data-bbox="341 1574 1433 1771"> <thead> <tr> <th data-bbox="341 1574 574 1641">Waste code</th> <th data-bbox="574 1574 1166 1641">Type of waste<sup>(1)</sup></th> <th data-bbox="1166 1574 1433 1641">Remarks, if any</th> </tr> </thead> <tbody> <tr> <td data-bbox="341 1641 574 1686"></td> <td data-bbox="574 1641 1166 1686"></td> <td data-bbox="1166 1641 1433 1686"></td> </tr> <tr> <td data-bbox="341 1686 574 1731"></td> <td data-bbox="574 1686 1166 1731"></td> <td data-bbox="1166 1686 1433 1731"></td> </tr> <tr> <td data-bbox="341 1731 574 1771"></td> <td data-bbox="574 1731 1166 1771"></td> <td data-bbox="1166 1731 1433 1771"></td> </tr> </tbody> </table> <p><sup>(1)</sup> Not required to fill in, if you have provided the waste code in column 1</p> | Waste code      | Type of waste <sup>(1)</sup> | Remarks, if any |  |  |  |  |  |  |  |  |  |
| Waste code | Type of waste <sup>(1)</sup>   | Remarks, if any |                              |                 |  |  |  |  |  |  |  |  |  |
|            |  |                 |                              |                 |  |  |  |  |  |  |  |  |  |
|            |  |                 |                              |                 |  |  |  |  |  |  |  |  |  |
|            |  |                 |                              |                 |  |  |  |  |  |  |  |  |  |
| (iv)       | <b>If possible, provide relevant legislation and its entry into force:</b>   |                 |                              |                 |  |  |  |  |  |  |  |  |  |

| (v)        | <b>Remarks:</b>  |                 |                              |                 |  |  |  |  |  |  |  |  |  |
|------------|--|-----------------|------------------------------|-----------------|--|--|--|--|--|--|--|--|--|
| 4.         | <p><b>Are there in your country any restrictions on the <u>import</u> of hazardous wastes and other wastes for <u>final disposal</u> (Annex IV A)?</b></p> <p>Yes [ ]      No [ ]</p> <p><b>If yes, please specify:</b></p> <p>(i) <b>The nature of the restriction:</b></p> <p>Total prohibition <input type="checkbox"/></p> <p>Partial restriction <input type="checkbox"/></p> <p><b>If partial restriction</b> (e.g. depending on the intended final disposal operation), please specify the nature of the restriction:</p> <p>(ii) <b>The country or region covered by this restriction:</b></p> <p>All countries <input type="checkbox"/></p> <p>Non Parties to the Basel Convention <input type="checkbox"/></p> <p>Non-Annex VII countries <input type="checkbox"/></p> <p>Non OECD countries <input type="checkbox"/></p> <p>Non-EU countries <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p><b>If other</b>, please specify:</p> <p>(iii) <b>The wastes covered by this restriction:</b></p> <p>All wastes covered by the Basel Convention <input type="checkbox"/></p> <p>Annex VIII to the Basel Convention <input type="checkbox"/></p> <p>Annex II to the Basel Convention <input type="checkbox"/></p> <p>Amber List OECD <input type="checkbox"/></p> <p>Amber List EU <input type="checkbox"/></p> <p>Article 1(1)b nationally defined hazardous wastes <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p><b>If other</b>, please specify:</p> <p>If possible, attach a list or provide it in the following table:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">Waste code</th> <th style="width: 50%;">Type of waste<sup>(1)</sup></th> <th style="width: 30%;">Remarks, if any</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p><sup>(1)</sup> Not required to fill in, if you have provided the waste code in column 1</p> <p>(iv) <b>If possible, provide relevant legislation and its entry into force :</b></p> <p>(v) <b>Remarks:</b></p> | Waste code      | Type of waste <sup>(1)</sup> | Remarks, if any |  |  |  |  |  |  |  |  |  |
| Waste code | Type of waste <sup>(1)</sup>   | Remarks, if any |                              |                 |  |  |  |  |  |  |  |  |  |
|            |  |                 |                              |                 |  |  |  |  |  |  |  |  |  |
|            |  |                 |                              |                 |  |  |  |  |  |  |  |  |  |
|            |  |                 |                              |                 |  |  |  |  |  |  |  |  |  |

5. **Are there in your country any restrictions on the import of hazardous wastes and other wastes for recovery (Annex IV B)?**

Yes [ ]      No [ ]

**If yes, please specify:**

(i) **The nature of the restriction:**

Total prohibition

Partial restriction

**If partial restriction** (e.g. depending on the intended Annex IV B disposal operation), please specify the nature of the restriction:

(ii) **The country or region covered by this restriction:**

All countries

Non Parties to the Basel Convention

Non-Annex VII countries

Non OECD countries

Non-EU countries

Other

**If other, please specify:**

(iii) **The wastes covered by this restriction:**

All wastes covered by the Basel Convention

Annex VIII to the Basel Convention

Annex II to the Basel Convention

Amber List OECD

Amber List EU

Article 1(1)b nationally defined hazardous wastes

Other

**If other, please specify:**

If possible, attach a list or provide it in the following table:

| Waste code | Type of waste <sup>(1)</sup> | Remarks, if any |
|------------|------------------------------|-----------------|
|            |                              |                 |
|            |                              |                 |
|            |                              |                 |

<sup>(1)</sup> Not required to fill in, if you have provided the waste code in column 1

(iv) **If possible, provide relevant legislation and its entry into force:**

(v) **Remarks:**

6. **Are there restrictions on the transit of hazardous wastes and other wastes through your country?**

Yes [ ]      No [ ]

| (i)        | <p><b>If yes, please specify:</b></p> <p>Total prohibition <input type="checkbox"/></p> <p>Partial restriction <input type="checkbox"/></p> <p><b>If partial restriction</b> (e.g. depending on the intended disposal operation), please specify the nature of the restriction:</p>  |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|------------|--|-----------------|------------------------------|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|
| (ii)       | <p><b>The country or region covered by this restriction:</b></p> <p>All countries <input type="checkbox"/></p> <p>Non Parties to the Basel Convention <input type="checkbox"/></p> <p>Non-Annex VII countries <input type="checkbox"/></p> <p>Non OECD countries <input type="checkbox"/></p> <p>Non-EU countries <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p><b>If other, please specify:</b></p>   |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
| (iii)      | <p><b>The wastes covered by the restriction:</b></p> <p>All wastes covered by the Basel Convention <input type="checkbox"/></p> <p>Annex VIII to the Basel Convention <input type="checkbox"/></p> <p>Annex II to the Basel Convention <input type="checkbox"/></p> <p>Amber List OECD <input type="checkbox"/></p> <p>Amber List EU <input type="checkbox"/></p> <p>Article 1(1)b nationally defined hazardous wastes <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p><b>If other, please specify:</b></p> <p>If possible, attach a list or provide it in the following table:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 20%;">Waste code</th> <th style="width: 50%;">Type of waste<sup>(1)</sup></th> <th style="width: 30%;">Remarks, if any</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p><sup>(1)</sup> Not required to fill in, if you have provided the waste code in column 1</p> | Waste code      | Type of waste <sup>(1)</sup> | Remarks, if any |  |  |  |  |  |  |  |  |  |  |  |  |
| Waste code | Type of waste <sup>(1)</sup>   | Remarks, if any |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|            |  |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|            |  |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|            |  |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|            |  |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
| (iv)       | <p><b>If possible, provide relevant legislation and its entry into force:</b></p>  |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
| (v)        | <p><b>Remarks:</b></p>   |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |
| 7.         | <p><b>Has your country decided not to require prior written consent, either generally or under specific conditions, for <u>transit</u> transboundary movements of hazardous wastes or other wastes (see Article 6.4, fourth sentence)?</b></p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p><b>If yes, please specify whether this decision applies:</b></p> <p>Generally <input type="checkbox"/></p>  |                 |                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |

Under specific conditions

If under specific conditions, please specify which:

**8. Does your country's legislation include a definition of "State of transit"?**

Yes  No

**If yes**, please provide the text of the definition, including any elaboration of the meaning of the terms "through which" in the definition of "State of transit" set out in Article 2.12 of the Convention:

## Annex III

### Revised form for country contacts

#### Revised form for notification of designation of contact(s)



**Basel, Rotterdam and Stockholm Conventions**



BASEL CONVENTION ROTTERDAM CONVENTION STOCKHOLM CONVENTION

### FORM FOR NOTIFICATION OF DESIGNATION OF CONTACT(S)\*

#### STATE/ORGANIZATION:

##### Nomination of\*:

Basel Convention Focal Point

Basel Convention Competent Authority/Authorities

(if relevant to your country, please provide further information on the scope of each Competent Authority's area of responsibility.....)

Rotterdam Convention Official Contact Point

Rotterdam Convention Designated National Authority /Authorities\*\*

(if relevant to your country, please provide further information on the scope of the DNA's mandate/responsibilities .....

Stockholm Convention Official Contact Point       Stockholm Convention National Focal Point

\* In the case of notification of multiple contacts, please use one sheet per contact point or include a list as an attachment to this form. See back page for the roles and responsibilities of each type of contact.

\*\*Parties may designate one or more DNAs in accordance with Article 4 of the Convention and with different responsibilities (e.g. pesticides, industrial chemicals)

**Kindly note that self-nominations will not be considered.**

**This form should be completed by an entity duly authorized to communicate such information to the Secretariat (such as a permanent mission to the United Nations or a ministry of foreign affairs). The information transmitted shall be included in the official records of the Secretariat as the officially designated country contact(s) for the Basel, Rotterdam and/or Stockholm Conventions.**

|   |   |
|---|---|
| <b>Institution/department</b>   |   |
| <b>Address</b><br><i>Street, number</i><br><i>Postal code</i><br><i>City</i><br><i>Province</i><br><i>Country</i> |   |
| <b>Telephone number</b><br><i>Country code – city code – local number</i>   |   |
| <b>Fax number</b><br><i>Country code - city code - local number</i>   |   |
| <b>E-mail address</b>   |   |
| <b>Name of contact person</b><br><i>Title – first name – surname</i>  | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. |



|                                   |  |
|-----------------------------------|--|
| <b>Position of contact person</b> |  |
|-----------------------------------|--|

|   |
|---|
| <p><b>Please tick as appropriate</b></p> <p><input type="checkbox"/> The above notification is a first-time nomination by the State/organization concerned</p> <p><input type="checkbox"/> The above notification is in addition to the previous nomination by the State/organization concerned</p> <p><input type="checkbox"/> The above notification is in replacement of the previous nomination by the State/organization concerned</p> |
|---|

| <b>THIS NOTIFICATION HAS BEEN SUBMITTED BY</b>  |  |
|---|--|
| <b>Name</b>   |  |
| <b>Institution/department</b>   |  |
| <b>Address</b><br><i>Street, number</i><br><i>Postal code</i><br><i>City</i><br><i>Province</i><br><i>Country</i> |  |
| <b>Telephone number</b><br><i>Country code – city code – local number</i>   |  |
| <b>Fax number</b><br><i>Country code – city code – local number</i>   |  |
| <b>E-mail address</b>   |  |
| <b>Date and signature</b>   |  |

**PLEASE RETURN COMPLETED FORM TO:**  
**Secretariat of the Basel, Rotterdam and Stockholm Conventions**  
**11–13, Chemin des Anémones**  
**CH–1219 Châtelaine**  
**Geneva**  
**Switzerland**

---

**Fax: (+41) 22 917 80 98**

**E-mail: [contacts@brsmeas.org](mailto:contacts@brsmeas.org)**

---

The Secretariat will acknowledge receipt of the information transmitted and make it publicly available on the website of the appropriate convention(s).

## **Contacts under the Basel, Rotterdam and Stockholm conventions: roles and responsibilities**

### **(i) Basel Convention focal point (Articles 2 and 5)**

“Focal point” means the entity of a party referred to in Article 5 of the Basel Convention responsible for receiving and submitting information as provided for in Articles 13 and 16.

To facilitate the implementation of the Convention, the parties shall:

1. Designate or establish one or more competent authorities and one focal point. One competent authority shall be designated to receive the notification in case of a State of transit.
2. Inform the Secretariat, within three months of the date of the entry into force of this Convention for them, which agencies they have designated as their focal point and their competent authorities.
3. Inform the Secretariat, within one month of the date of the decision, of any changes regarding the designation made by them under paragraph 2 above.

### **(ii) Basel Convention competent authority/authorities (Articles 2 and 5)**

“Competent authority” means one governmental authority designated by a party to be responsible, within such geographical areas as the party may think fit, for receiving the notification of a transboundary movement of hazardous wastes or other wastes, and any information related to it, and for responding to such notification as provided in Article 6.

To facilitate the implementation of the Convention, the parties shall:

1. Designate or establish one or more competent authorities and one focal point. One competent authority shall be designated to receive the notification in case of a State of transit.
2. Inform the Secretariat, within three months of the date of the entry into force of this Convention for them, which agencies they have designated as their focal point and their competent authorities.
3. Inform the Secretariat, within one month of the date of the decision, of any changes regarding the designation made by them under paragraph 2 above.

### **(iii) Rotterdam Convention designated national authority/authorities (Article 4)**

Each party shall designate one or more national authorities that shall be authorized to act on its behalf in the performance of the administrative functions required by the Rotterdam Convention.

Each party shall, no later than the date of the entry into force of the Convention for it, notify the name and address of such authority or authorities to the Secretariat. It shall notify the Secretariat of any changes in the name and address of such authority or authorities.

### **(iv) Rotterdam Convention official contact point**

The Secretariat communicates with an official contact point of a party on such official issues as notices regarding participation in meetings of the Conference of the Parties, circulation of the reports of such meetings, proposals for the addition of chemicals to Annex III of the Convention and for inclusion in the PIC procedure, and the nominations of experts to such subsidiary bodies as the Chemical Review Committee.

### **(v) Stockholm Convention official contact point (decision SC-2/16 of the Conference of the Parties)**

Parties and non-party States are invited to nominate to the Secretariat an official contact point for the performance of administrative functions and all formal communications under the Convention.

### **(vi) Stockholm Convention national focal point (Article 9)**

Each party shall designate a national focal point for the exchange of information as specified under Article 9 of the Convention. Non-party States may also designate such national focal points.

## **Annex IV**

### **Revision to question 1 (a) of the revised reporting format**

## **Secretariat of the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal**

**Questionnaire on "Transmission of Information"**

**Reporting for the year 20XX<sup>1, 2</sup>**

---

<sup>1</sup> Adopted by COP12 in decision BC-12/6.

<sup>2</sup> The questionnaire will be made available in the electronic reporting system of the Basel Convention.

## Competent Authority and Focal Point, Measures to Implement and Enforce the provisions of the Convention

| <p><b>1a</b></p>   | <p>Designated Competent Authority to the Basel Convention<br/>(Articles 13.2(a), 13.3(a))</p> <p>In accordance with Article 5 of the Convention, Parties shall designate or establish <u>one or more competent authorities</u>.</p> <p>According to the Secretariat's records the Competent Authority(ies) in your country is(are):</p> <table border="1" data-bbox="295 510 1481 667"> <thead> <tr> <th>Organization:</th> <th>Department:</th> <th>Job Position:</th> <th>Full Name:</th> <th>Tel:</th> <th>Fax:</th> <th>Address:</th> <th>e-Mail:</th> <th>Web site</th> <th>Area of responsibility</th> </tr> </thead> <tbody> <tr> <td>CA1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CA2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CAx</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>   | Organization: | Department: | Job Position: | Full Name: | Tel:     | Fax:    | Address: | e-Mail:                | Web site | Area of responsibility | CA1 |     |     |     |     |     |     |     |     |  | CA2 |  |  |  |  |  |  |  |  |  | CAx |  |  |  |  |  |  |  |  |  |
|--------------------|---|---------------|-------------|---------------|------------|----------|---------|----------|------------------------|----------|------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|--|--|--|--|--|--|--|--|--|-----|--|--|--|--|--|--|--|--|--|
| Organization:      | Department:   | Job Position: | Full Name:  | Tel:          | Fax:       | Address: | e-Mail: | Web site | Area of responsibility |          |                        |     |     |     |     |     |     |     |     |     |  |     |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |
| CA1                |   |               |             |               |            |          |         |          |                        |          |                        |     |     |     |     |     |     |     |     |     |  |     |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |
| CA2                |   |               |             |               |            |          |         |          |                        |          |                        |     |     |     |     |     |     |     |     |     |  |     |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |
| CAx                |   |               |             |               |            |          |         |          |                        |          |                        |     |     |     |     |     |     |     |     |     |  |     |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |
| <p><b>1a.1</b></p> | <p><b>Do you want to update the above-mentioned information pertaining to the existing Competent Authority/ies or notify the Secretariat of the designation of one or more new Competent Authority/ies?</b><br/>(Articles 13.2(a), 13.3(a))</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>(If the user chooses "yes" the following options appear 1a.2 and 1a.3)</i></p>  |               |             |               |            |          |         |          |                        |          |                        |     |     |     |     |     |     |     |     |     |  |     |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |
| <p><b>1a.2</b></p> | <p><b>Request the Secretariat to update the information pertaining to the existing Competent Authority/ies or notify the Secretariat of the designation of one or more new Competent Authorities.</b><br/>(Articles 13.2(a), 13.3(a))</p> <p>Please note that the updated or new designations transmitted here will be confirmed by the Secretariat, in accordance with the relevant decisions of the COPs. Only once updates or designations are confirmed, will the Basel Convention contacts database, the website and the information shown under question <b>1a</b> of this questionnaire be updated. The Secretariat may need to contact the Party for any additional information or clarification that might be required in this regard.</p> <p>The table below contains pre-filled information from the Secretariat's existing records, but you can modify, delete or add information by using the "edit", "delete" or "add" features.</p> <table border="1" data-bbox="295 1473 1407 1556"> <thead> <tr> <th>Organization:</th> <th>Department:</th> <th>Job Position:</th> <th>Full Name:</th> <th>Tel:</th> <th>Fax:</th> <th>Address:</th> <th>e-Mail:</th> <th>Web site</th> <th>Area of responsibility</th> </tr> </thead> <tbody> <tr> <td>XXX</td> <td>XXX</td> <td>XXX</td> <td>XXX</td> <td>111</td> <td>222</td> <td>XXX</td> <td>XXX</td> <td>XXX</td> <td></td> </tr> </tbody> </table> <p><i>Add button</i></p> | Organization: | Department: | Job Position: | Full Name: | Tel:     | Fax:    | Address: | e-Mail:                | Web site | Area of responsibility | XXX | XXX | XXX | XXX | 111 | 222 | XXX | XXX | XXX |  |     |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |
| Organization:      | Department:   | Job Position: | Full Name:  | Tel:          | Fax:       | Address: | e-Mail: | Web site | Area of responsibility |          |                        |     |     |     |     |     |     |     |     |     |  |     |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |
| XXX                | XXX   | XXX           | XXX         | 111           | 222        | XXX      | XXX     | XXX      |                        |          |                        |     |     |     |     |     |     |     |     |     |  |     |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |
| <p><b>1a.3</b></p> | <p><b>Upload supporting documents.</b></p> <p>Attach form for notification of designation of <u>contacts</u>, completed by a duly authorized entity, and any supporting documents e.g. nomination letters. Kindly note that self-nominations will not be considered.</p> <p><i>(box to select and upload file)</i></p>  |               |             |               |            |          |         |          |                        |          |                        |     |     |     |     |     |     |     |     |     |  |     |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |