## FORM 9

## [See Rules 15(5) & 16(5), 16 (6)]

## TRANSBOUNDARY MOVEMENT - MOVEMENT DOCUMENT

or.	No.	Description	:	Details to be furnished by the Exporter / Importer		
1.	(i)	Exporter (Name & Address)	••	Independent Waste Paper Producers Ltd, The Stables, Paradise Wharf, Ducie Street, Manchester, M1 2JN		
		Contact Person	••	CHRIS BURTON		
		Tel / Fax	:	00441327 703223		
	(ii)	Waste Generator (name & address)	:	Multiple		
		Contact person with	••	N.A		
		Tel / Fax	••	N.A		
	(iii)	Site of generation	••	N.A		
2.		Importer / recycler (name & address)		HIMALAY PAPTECH PVT LTD, SURVEY NO.1299, SURVEY NO. 1329, AKHAJ, MEHSANA, GUJARATINDIA – 382710		
		Contact person with	••	ARTH PATEL		
		Tel / Fax	••	0091 9081817511		
		Movement Subject to single / multiple	••			
3.		Corresponding to applicant Ref. No.	••	Invoice No: 112092 Dated: 21-08-2024		
4.		Bill of lading	:	LPL1357478		
5.		Designation and chemical composition of the waste	••	N.A		
6.		Physical Characteristics	:	Solid		
7.		Actual quantity Kg / Litre	:	239.500 MT		
8.		Waste Identification code	:			
		Base No.	:	B3020		
		OECD No.	:	N.A.		
		UN No.	:	N.A.		
		ITC (HS)	:	4707.10		
		Customs Code (II.S)	:	47071000		
		Other (specify)	:	N.A.		
9.		OECD Classification	:	N.A.		
	(a)	Amber / red / other [attach details]	:	N.A.		
	(b)	Number	:	N.A.		
10.		Packaging Type	:	Bale		
		Number	:	271		
11.		UN Classification	:	N.A.		
		Un Shipping Name	-	N.A.		
		Un Identification No.	Ė	N.A.		
		Un Class	Ė	N.A.		
		H Number	Ė	N.A.		
12.		Y Number  Special handling requirements	:	N.A.		
12.		, ,	Ŀ	Nothing Specific		
13.		Exporters declaration	•			
		I Certify that the information in Sr. No. 1 to 12 above is complete and correct to my best knowledge. I also certify that legally-enforceable written contractual obligations have been entered into. I also certify that the consignment does not have any Hazardous waste, Muncipal waste or Biomedical waste.				

	Ship on Board Date :	:	20-08-2024				
	Name	••	Chris Burton				
	Signature	:					
	TO BE COMPLETED BY IMPORTER / RECYCLER						
14.	Shipment received by Importer / Recycler	:					
	Quantity received Kg/Litres	:					
	Date	:					
	Name	:					
	Signature	:					
15.	Method of Recovery	•					
	R Code in applicable	••					
	Technology employed (Attach details if necessary)						
16.		t the recycling of the wastes described above will be completed as per HW (M, H and TM) Rules is intended rted in the above referred consignment and will be recycled.					
	Signature	:					
	Date	:					
17.	SPECIFIC CONDITIONS ON CONSENTING TO THE MOVEMENT (Attach details)						