|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Legal Information** | | | | |
| **Certified Organization** | Legal Name of Organization: |  | | |
| Address: |  | | |
| Contact Name: |  | | |
| Contact Email: |  | | |
| Scope Certificate number: |  | | |
| Scope Certificate Until: |  | | |
| **Beneficiary of the Requested Neutralization Certificate** (organization paying for the Neutralization services) | Legal Name of Organization: |  | | |
| Address: |  | | |
| Contact Name: |  | | |
| Contact Email: |  | | |
| 1. **Information about the Ocean Bound Plastic Neutralized** | | | | |
| 1. **Amount of OBP Neutralized in Metric Ton (MT)**   **XX.XXX MT** | | 1. **Neutralization Period**   From DD/MM to DD/MM of YYYY | | |
| 1. **Category and type of OBP Neutralized**   **Type and Quantity in MT: MIXED XX.XXX**  **PET XX.XXX** | | **Potential OBP** (50 km from coastline) | **Type and Quantity in MT:** | |
| E.g. Mixed | XX.XXX |
| E.g. PVC | XX.XXX |
|  |  |
| **Waterways OBP** (200 m from riverbanks and in a river stream) | **Type and Quantity in MT:** | |
| E.g. COMP | XX.XXX |
|  |  |
|  |  |
| **Shoreline OBP** (200m from highest tide line towards the land and 100m from lowest tide line inside the sea | **Type and Quantity in MT:** | |
| E.g. Mixed | XX.XXX |
| E.g. PET | XX.XXX |
|  |  |
| **Fishing Material OBP** (Fishing gear and plastic caught by fishermen) | **Type and Quantity in MT:** | |
| E.g. Mixed | XX.XXX |
| E.g. Other | XX.XXX |
|  |  |

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| --- | --- | --- | --- | --- | --- |
| 1. **Source (location where OBP was collected) for Identity Preserved Supply Chain Model Only** | | Specify Source if applicable | | | |
| 1. **Approved Treatment process of collected OBP. If several treatments were applied to the lot indicate the quantity corresponding to each treatment type in Metric Ton.** | | **Waste to energy (please specify)** | | Quantity in MT: XX.XXX | |
|  | | **Disposal in a compliant landfill** | | Quantity in MT: XX.XXX | |
|  | | **Recycling** | | Quantity in MT: XX.XXX | |
|  | | **Other treatments**  **(please specify)** | | Quantity in MT: XX.XXX | |
| 1. **Documentary Evidences associated with this Request Form** | | | | | |
| **No.** | **Document Description** | | **Availability** | | **Remarks** |
| **1.** | Financial arrangement with OBP Credit buyer | | **Yes**  **No**  **N/A** | |  |
| **2.** | Invoices for OBP Credit sales | | **Yes  No  N/A** | |  |
| **3.** | Itemized Summary of Collection and Approved Treatment for the OBP covered in this Request Form | | **Yes  No  N/A** | |  |
| **4.** | Daily Collection / Purchase Records corresponding to the OBP covered in this Request Form | | **Yes  No  N/A** | |  |
| **5.** | Records of Transport / proof of treatment by Approved Treatment facilities / sales documents | | **Yes  No  N/A** | |  |
| **6.** | Records for transaction of OBP Material with Subcontractor(s) if applicable | | **Yes  No  N/A** | |  |

|  |  |
| --- | --- |
| **Name of Authorized Signatory from the Applicant:** |  |
| **Submission Date:** |  |
| **Signature and Company Stamp:** |  |