

| A. Legal Information   |  |                                 |        |
|--|--|---------------------------------|--------|
| <b>Certified Organization</b>  | Legal Name of Organization:  |                                 |        |
|  | Address:   |                                 |        |
|  | Contact Name:  |                                 |        |
|  | Contact Email:   |                                 |        |
|  | Scope Certificate number:  |                                 |        |
|  | Scope Certificate Until:   |                                 |        |
| <b>Beneficiary of the Requested Neutralization Certificate</b> (organization paying for the Neutralization services) | Legal Name of Organization:  |                                 |        |
|  | Address:   |                                 |        |
|  | Contact Name:  |                                 |        |
|  | Contact Email:   |                                 |        |
| B. Information about the Ocean Bound Plastic Neutralized   |  |                                 |        |
| <b>1. Amount of OBP Neutralized in Metric Ton (MT)</b>   | <b>2. Neutralization Period</b>  |                                 |        |
| XX.XXX MT  | From DD/MM to DD/MM of YYYY  |                                 |        |
| <b>3. Category and type of OBP Neutralized</b><br><br>Type and Quantity in MT: MIXED XX.XXX<br>PET XX.XXX            | <input type="checkbox"/> <b>Potential OBP</b> (50 km from coastline)   | <b>Type and Quantity in MT:</b> |        |
|  |  | E.g. Mixed                      | XX.XXX |
|  |  | E.g. PVC                        | XX.XXX |
|  | <input type="checkbox"/> <b>Waterways OBP</b> (200 m from riverbanks and in a river stream)  | <b>Type and Quantity in MT:</b> |        |
|  |  | E.g. COMP                       | XX.XXX |
|  |  |                                 |        |
|  | <input type="checkbox"/> <b>Shoreline OBP</b> (200m from highest tide line towards the land and 100m from lowest tide line inside the sea) | <b>Type and Quantity in MT:</b> |        |
|  |  | E.g. Mixed                      | XX.XXX |
|  |  | E.g. PET                        | XX.XXX |
|  | <input type="checkbox"/> <b>Fishing Material OBP</b> (Fishing gear and plastic caught by fishermen)  | <b>Type and Quantity in MT:</b> |        |
|  |  | E.g. Mixed                      | XX.XXX |
|  |  | E.g. Other                      | XX.XXX |
|  |  |                                 |        |



**OBP NEUTRALIZATION CERTIFICATE REQUEST FORM**  
**OBP 中和证书申请表**

|              |               |
|--------------|---------------|
| Document No. | TI-CN 07 F 01 |
| Rev. Date    | 23.08.2024    |
| Rev. No      | 00            |

|   |  |                        |
|---|--|------------------------|
| 4. Source (location where OBP was collected) for Identity Preserved Supply Chain Model Only   | Specify Source if applicable                               |                        |
| 5. 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. | <input type="checkbox"/> Waste to energy (please specify)  | Quantity in MT: XX.XXX |
|   | <input type="checkbox"/> Disposal in a compliant landfill  | Quantity in MT: XX.XXX |
|   | <input type="checkbox"/> Recycling                         | Quantity in MT: XX.XXX |
|   | <input type="checkbox"/> Other treatments (please specify) | Quantity in MT: XX.XXX |

**C. Documentary Evidences associated with this Request Form**

| No. | Document Description   | Availability  | Remarks |
|-----|--|---|---------|
| 1.  | Financial arrangement with OBP Credit buyer  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         |
| 2.  | Invoices for OBP Credit sales  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         |
| 3.  | Itemized Summary of Collection and Approved Treatment for the OBP covered in this Request Form | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         |
| 4.  | Daily Collection / Purchase Records corresponding to the OBP covered in this Request Form      | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         |
| 5.  | Records of Transport / proof of treatment by Approved Treatment facilities / sales documents   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         |
| 6.  | Records for transaction of OBP Material with Subcontractor(s) if applicable                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         |

|   |  |
|---|--|
| <b>Name of Authorized Signatory from the Applicant:</b> |  |
| <b>Submission Date:</b>                                 |  |
| <b>Signature and Company Stamp:</b>                     |  |