

**FORM A**

**Form for the provision of written consent by a Party to the import of mercury**

*(This form is not required by the Convention in cases where the importing Party has provided a general notification of consent in accordance with Article 3, paragraph 7)*

**Section A: Contact information to be provided by the importing Party**  
Party:

Name of designated national focal point:  
Address:  
Tel:  
Fax:  
Email:

**Section B: Contact information to be provided by the exporting Party or non-Party**  
Party or non-Party:

Name of designated national focal point or  
responsible government official:  
Address:  
Tel:  
Fax:  
Email:

**Section C: Shipment information to be provided by the exporting country:**

*Please indicate approximate total quantity of mercury to be shipped:*

*Please indicate approximate date of shipment:*

*Please indicate if the mercury is from primary mercury mining:*

*Please indicate if the mercury has been determined by the exporting Party to be excess mercury from the decommissioning of chlor-alkali facilities:*

(If the exporting country is a non-Party, the importing Party shall also request that Form C be completed)

**Section D: Information to be provided by the importing Party**

*What is the purpose of the import of the mercury? Please circle:*

- i. *Environmentally sound interim storage in accordance with Article 10:*  
YES NO

*If yes, please specify the intended use if known.*

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- ii. *Use allowed to a Party under the Convention:* YES NO  
*If yes please specify additional details about the intended use of the mercury.*

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**Section E: Shipping information, as appropriate**  
Importer

Name of business:  
Address:

*Tel:*  
*Fax:*  
*Email:*

*Exporter*

*Name of business:*  
*Address:*  
*Tel:*  
*Fax:*

*Email:*

**Section F: Indication of consent by the importing Party**

*Nature of consent, please circle:*

*GRANTED*

*DENIED*

*Please use the space below to indicate any conditions, additional details or relevant information.*

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*Signature of importing Party designated national focal point and date*

*Name:*  
*Title:*  
*Signature:*  
*Date:*