

pre-treatment confirmation form

Do you currently segregate your waste?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Percentage of waste sent for recycling / recovery	<input type="text"/>	%	Do you have any additional pre-treatments?	YES	NO
What waste is segregated?	YES	NO	If no segregation, please state why.			Screening	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mixed recycling	<input type="checkbox"/>	<input checked="" type="checkbox"/>				Hand picking	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Glass	<input type="checkbox"/>	<input checked="" type="checkbox"/>				Magnetic separation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>				Thermal	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Metals	<input type="checkbox"/>	<input checked="" type="checkbox"/>				Other PLEASE SPECIFY	<input type="text"/>	
Hazardous / waste electrical and electronic equipment (WEEE)	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
Other PLEASE SPECIFY	<input type="text"/>							

waste transfer note

All details in this Waste Transfer Note are to be completed by you, the Customer. This Waste Transfer Note is required by law and you must complete it as accurately and completely as possible. Under no circumstances will SUEZ Recycling and Recovery UK Ltd be liable for any inaccuracy by you in describing the Waste. This Waste Transfer Note must be renewed whenever there is a change in the description of the Waste, container size or quantity of containers. This document must be renewed at least annually.

A. DESCRIPTION OF THE WASTE

This description will form the definition of 'Waste' under our agreement with you, the Customer.

Please accurately describe all Waste being transferred.

1. EWC code	<input type="text" value="200301"/>	2. EWC code	<input type="text"/>	3. EWC code	<input type="text"/>
4. EWC code	<input type="text"/>	5. EWC code	<input type="text"/>	6. EWC code	<input type="text"/>

Additional description of Waste

GENERAL NON HAZARDOUS

B. THE WASTE PRODUCER / HOLDER (TRANSFEROR)

Name, address and customer service site

Please tick one or more of the following boxes to indicate which you are and complete all relevant information boxes.

Producer of Waste Importer of Waste Local Authority Registered Waste Broker Registration number

Do you hold an environmental permit? y/N Permit No. Issuing authority

Are you exempt from holding an environmental permit? y/N Reason

Are you a Registered Waste Carrier? y/N Reg No. Expiry date / / Issuing authority

Are you exempt from being a Registered Waste Carrier? y/N Reason

I confirm that I have fulfilled my duty to apply the waste hierarchy as required by Regulation 12 and complied with the requirements of Regulation 13 of the Waste (England and Wales) Regulations 2011 regarding the separate collection of waste paper, metal, plastic and glass.

C. THE WASTE RECEIVER / BROKER (TRANSFeree)

If you would prefer not to receive marketing / non-service related information from SUEZ recycling and recovery UK, please tick here.

ON BEHALF OF THE CUSTOMER

I/we confirm that I/we have read and understood the terms and conditions, and authorise SUEZ Recycling and Recovery UK Ltd to make a credit search with a credit reference agency using the information I/we have given in this document.

Signed by a duly authorised representative of you, the CUSTOMER Print name and position Date

ON BEHALF OF SUEZ RECYCLING AND RECOVERY UK LTD

Signed by a duly authorised representative of SUEZ Recycling and Recovery UK Ltd Print name and position Date

Branch name Branch address

INTERNAL USE ONLY

Sales code Reason code A/c No. Estimated monthly value INC.VAT Credit limit value INC.VAT

Service Delivery Manager signature Date / / Credit limit approved signature Date / /