

## DUTY OF CARE: ANNUAL WASTE TRANSFER NOTE 1<sup>st</sup> JANUARY 2019–1<sup>st</sup> JANUARY 2020

SECTION A : DESCRIPTION OF THE WASTE			
A1. Provide a description of the waste - <i>e.g. bread / yogurt / supermarket / palletized / liquids / food factory etc</i>			
A2. How is the waste contained? <i>use as many descriptors as appropriate e.g. palletised/loose/tins/glass/tanker(liquids)/sacks</i>			
A3. Approximately how much waste is being delivered? <i>this can be for a single delivery or an approximation for 12 months e.g. number of pallets, metric tonnes</i>			
A4. Please specify the appropriate European Waste Code (EWC) – <i>For a full list of codes go to - <a href="http://www.swancoteenergy.com/documentation-and-permits">http://www.swancoteenergy.com/documentation-and-permits</a></i>			
A5. Is the material Category 3 Waste – <i>delete as appropriate</i>		YES / NO	
A6. Is the material Category 2 Waste – <i>delete as appropriate</i>		YES / NO	
SECTION B : CURRENT HOLDER / TRANSFEROR OF THE WASTE			
B1. Company Name :	B5. SIC Code:		
B2. Address and Postcode:			
B3. Contact Name / Representative :			
B4. By signing (on the right) I confirm that I have fulfilled my duty to apply the waste hierarchy as required by Regulation 12 of the Waste Regulations (England and Wales) 2011	.....		
SECTION C : INFORMATION ON THE PRODUCER / HOLDER / TRANSFEROR			
C1. Are you the Producer / importer/collection authority – <i>delete as appropriate</i>	YES / NO		
C2. Are you a Broker acting for the Producer – <i>delete as appropriate</i>	YES / NO		
C3. Are you the holder of an environmental permit? – <i>delete as appropriate</i>	YES / NO		
C4. If Yes – please state the permit number			
SECTION D : PERSON COLLECTING AND DELIVERING THE WASTE / HAULAGE COMPANY			
D1. Company Name :			
D2. Address and Postcode:			
D3. Waste Carriers Registration Number			
D4. Collection Date			
SECTION E : TREATMENT SITE			
Company Name : Swancote Energy Ltd			
Address and Postcode: Swancote, Bridgnorth. Shropshire. WV15 5HB			
Waste Management License (WML)	CBDL209877: Valid from 15/11/2017		
SECTION F : SIGNATURES	SIGNATURE	PRINT NAME	DATE
Transferor Signature			
Haulier / Drivers Signature			
Treatment Site Signature			

ONCE COMPLETED SAVE AS A PDF FILE AND EMAIL TO:

[collections@swancoteenergy.com](mailto:collections@swancoteenergy.com)