**DUTY OF CARE: ANNUAL WASTE TRANSFER NOTE 1st JANUARY 2023–1st JANUARY 2024**

|  |  |  |  |  |  |  |
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| **SECTION A : DESCRIPTION OF THE WASTE** | | | | | | |
| **A1. Provide a description of the waste - *e.g. bread / yogurt / supermarket / palletized / liquids / food factory etc*** | | | |  | | |
| **A2. How is the waste contained? *use as many descriptors as appropriate e.g. palletised/loose/tins/glass/tanker(liquids)/sacks*** | | | |  | | |
| **A3. Approximately how much waste is being delivered? *this can be for a single delivery or an approximation for 12 months e.g. number of pallets, metric tonnes*** | | | |  | | |
| **A4. Please specify the appropriate European Waste Code (EWC) *– For a full list of codes go to -*** [***http://www.swancoteenergy.com/documentation-and-permits***](http://www.swancoteenergy.com/documentation-and-permits) | | | |  | | |
| **A5. Is the material Category 3 Waste *– delete as appropriate*** | | | | **YES / NO** | | |
| **A6. Is the material Category 2 Waste *– delete as appropriate*** | | | | **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** | | | | **Environmental Agency require original signature (Not to be typed)**  **………………………………………………………..** | | |
| **SECTION C : INFORMATION ON THE PRODUCER / HOLDER / TRANSFEROR** | | | | | | |
| **C1. Are you the Producer / importer/collection authority *– delete as appropriate*** | | | | | **YES / NO** | |
| **C2. Are you a Broker acting for the Producer *– delete as appropriate*** | | | | | **YES / NO** | |
| **C3. Are you the holder of an environmental permit? *– delete as appropriate*** | | | | | **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)** | | **EA/EPR/TP3692EU/A001** | | | | |
| **SECTION F : SIGNATURES** | **SIGNATURE** | | **PRINT NAME** | | | **DATE** |
| **Transferor Signature** | **Environmental Agency require original signature (Not to be typed)** | |  | | |  |
|  | | | | | | |
| **Haulier / Drivers Signature** |  | |  | | |  |
|  | | | | | | |
| **Treatment Site Signature** |  | |  | | |  |

**ONCE COMPLETED SAVE AS A PDF FILE AND EMAIL TO:** [**collections@swancoteenergy.com**](mailto:collections@swancoteenergy.com)