



# CONTROLLED WASTE DESCRIPTION AND TRANSFER NOTE

This is a legal document

You are obliged to keep your copy of this document for at least 3 years from the start date



2007678\*1\*00303100/233395

## PART 1

Depot / Contract No	655/2007678*1*00303100	Account No	V15974
Container Description	1100L WHEELIE BIN FOR DRY MIXED		
No of Containers on Site	1	No of Collections per week	0.5
(a) Describe the Waste			
<input type="checkbox"/> Inert <input checked="" type="checkbox"/> Non-Hazardous <input type="checkbox"/> Hazardous / Special Waste (Scotland) <input type="checkbox"/> Liquid Waste <input type="checkbox"/> Excluded Waste			
(b) LOW / EWC Code			
1 5 0 1 0 1			
(c) Written description of the waste			
CARD, PAPER AND SOFT PLASTIC			

1. SIC (2007)	26.60	MANUFACTURE OF IRRADIATION, ELECTROMEDICAL AND ELECTROTHERAPEUTIC EQUIPMENT
2. Date of collection / transfer	01/04/2017	TO 31/03/2018

## PART 2 - CURRENT HOLDER OF THE WASTE ('TRANSFEROR')

<b>Customer</b> Name: VIAMED LTD Address: 15 STATION ROAD, CROSS HILLS KEIGHLEY WEST YORKS Post Code: BD20 7DT	<b>Collection Site (place of transfer)</b> Name: VIAMED LTD Address: 15 STATION ROAD,CROSS HILLS KEIGHLEY WEST YORKS Post Code: BD20 7DT	
(a) Are you the producer of the waste? If yes, ignore questions (c) and (d)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(b) Have you imported the waste?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(c) Are you the holder of a Licence (WML), Permit or Env. Permit?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, state reference number and issuer: _____		
(d) Are you exempt from the requirement to have a Licence (WML) or Permit?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give reason: _____		
(e) If you are a Registered Broker please enter details below:		
Registration No _____ Issuing Authority _____		Expiry Date _____

## PART 3 - PRE-TREATMENT DECLARATION

(a) Do you currently segregate / recycle any of your Waste?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	---

## PART 4 - PERSON RECEIVING THE WASTE ('TRANSFeree')

BIFFA WASTE SERVICES LIMITED (Company Registration 946107 - registered in England) of Coronation Road, Cressex, High Wycombe, Buckinghamshire, HP12 3TZ who is, in relation to collection sites in Northern Ireland, a Registered Waste Carrier, Registration no ROC UT 714. Issued by the NIEA and, in relation to all other sites, a Registered Waste Carrier and Broker, Registration CBDU104360 previously CB/WE5237GH), issued by the E.A.
---

I confirm that I have fulfilled my duty to apply the waste hierarchy as required by Reg 12 of the Waste (England and Wales) Regulations 2011. (delete for waste collected in Scotland / NI)	 _____ for and on behalf of Biffa waste Services Limited MARYSIA FAWKE Name (please print)
DocuSigned by:  5FB25C35FD7A4EC...	9/2/2017 Date