

**Section A – Description of waste**

A1 Description of the waste being transferred  
INK & TONER CARTRIDGES  
\_\_\_\_\_  
\_\_\_\_\_  
List of Waste Regulations code(s)  
08-03-13 08-03-18 16-2-16 20-01-36  
\_\_\_\_\_

A2 How is the waste contained?  
Loose  Sacks  Skip  Drum   
Other  \_\_\_\_\_  
A3 How much waste? For example, number of sacks, weight  
\_\_\_\_\_

**Section B – Current holder of the waste – Transferor**

By signing in Section D below I confirm that I have fulfilled my duty to apply the waste hierarchy as required by Regulation 12 of the Waste (England and Wales) Regulations 2011 Yes

B1 Full name  
\_\_\_\_\_  
Company name and address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_ SIC code (2007) \_\_\_\_\_  
B2 Name of your unitary authority or council  
\_\_\_\_\_

B3 Are you:  
The producer of the waste?   
The importer of the waste?   
The local authority?   
The holder of an environmental permit?   
Permit number \_\_\_\_\_  
Issued by \_\_\_\_\_  
Registered waste exemption?   
Details, including registration number  
\_\_\_\_\_  
A registered waste carrier, broker or dealer?   
Registration number \_\_\_\_\_  
Details (are you a carrier, broker or dealer?)  
\_\_\_\_\_

**Section C – Person collecting the waste – Transferee**

C1 Full name  
M.PANTER  
\_\_\_\_\_  
Company name and address  
46,WAGGONERS WAY  
\_\_\_\_\_  
BUGBROOKE  
\_\_\_\_\_  
NORTHAMPTON  
\_\_\_\_\_  
NORTHAMPTONSHIRE  
\_\_\_\_\_  
Postcode NN7 3QT

C3 Are you:  
The holder of an environmental permit?   
Permit number CBDU147626  
\_\_\_\_\_  
Issued by ENVIRONMENT AGENCY  
\_\_\_\_\_  
Registered waste exemption?   
Details, including registration number  
\_\_\_\_\_  
A registered waste carrier, broker or dealer?   
Registration number CBDU147626  
\_\_\_\_\_  
Details (are you a carrier, broker or dealer?)  
CARRIER  
\_\_\_\_\_

**Section D – The transfer**

D1 Address of transfer or collection point  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Date of transfer (DD/MM/YYYY) \_\_\_\_\_

D2 Broker or dealer who arranged this transfer (if applicable)\*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Registration number \_\_\_\_\_  
Time(s) \_\_\_\_\_

Transferor's signature \_\_\_\_\_  
Name \_\_\_\_\_  
Representing \_\_\_\_\_

Transferee's signature \_\_\_\_\_  
Name MARK PANTER  
Representing MP CARTRIDGE RECYCLING