

DUTY OF CARE - WASTE TRANSFER CONTRACT

Please complete (in CAPITALS) sections A, B & C and return all parts to Ibrahim Cleaning Services

Section A - DESCRIPTION OF WASTE

- Please tick box(es) to indicate the type of waste you are transferring (refer to the list overleaf)
1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐
 - EWG Code Brief Description, quantity and physical form of the material: **Mixed Municipal Waste**
 - Type of Premises: **Commercial / Residential** (please circle)
 - How is the waste contained? (please tick box)
Bulk ☐ Skip ☐ REL/FEL ☐ RORO ☐ ISO ☐ Drum ☐ Tanker ☐ Other ☐
If other please specify **66x15 B.W.**
- Is this a Daily ☒ Weekly ☐ consignment?

Section B - PRODUCER / HOLDER

Are you the producer / holder of the waste? YES ☐ NO ☐
IF NO, Please proceed to Section C

The material in Section A has been collected from:

- Producer / Holder
- Address **2 NORTH WESTON**
SIRROGT M19 3NY
Tel No **07542877248**

I Certify that the information given in Sections A & B is correct and I have checked that the person I have selected to take waste is properly authorised as detailed opposite. Also that the carrier was advised of the precautionary measures.

SIC CODE ☐ Declaration: I confirm the hierarchy from Reg. 12/2011 has been applied ☐

Signed **BLM RASHG D**
Name
On behalf of
Position **MANAGER**
Date **11-12-20** Time **5:30**

Section C - CARRIER

I certify that I collected the consignment(s) of waste and that the information given in Sections A & B is correct and I have produced the credentials detailed below to prove that I am properly authorised to accept and carry waste

SIC CODE **C21** Declaration: I confirm the hierarchy from Reg. 12/2011 has been applied ☐

Signed **[Signature]**
Name **Ibrahim Reyani**
On behalf of **Ibrahim Cleaning Services**
Position **Owner**
Date **5-30-11/12/20** Time **5:30**
Address **1 Ashbrook Farm Close**
..... **Reddish**
..... **Stockport SK5 6RP**
Carrier Registration No **CBDU193203**

Section D - DISPOSER

I certify that waste disposal licence No **CBDU193203**
Issued by **Environment Agency** authorises the Treatment / Disposal at this facility of the waste described in Section A and that the carrier details in Section C are correct.

Date **11/12/20** Time **05:30** or if multiple / yearly / agreement, Transfer date from **11/12/20** to **11/12/21**
Signed **[Signature]** Name **IBRAHIM**
Representing **Ibrahim Cleaning Services**

Name and Address of Facility

IBRAHIM CLEANING SERVICES
1 ASHBROOKE FARM CLOSE
REDDISH
STOCKPORT
SK5 6RP
TEL: 07846 063 185