Part A Notification details										
Consignment note code:										
2 The waste described below is to be removed from (name, address, postcode, telephone, e-mail, facsimile): HWM Ltd C/O Four Dells Farm Poles Lane, Otterbourne SO21 2DY										
3 Premises code (where applicable):		5 The waste producer was (if different from 2) (name, address, postcode, telephone, e-mail, facsimile):								
Part B Description of the Waste										
1 The process giving rise to the waste(s) 2 SIC for the process giving rise to the waste:										
Description of Waste List of Wastes EWC Code(s)(6 digits)	Quantity (kg)		aste and their con-	al components of the centrations are: CONCENTRATION (% or mg/kg)	Physical form (Gas, liquid, solid, powder, sludge or mixed		Hazard Code(s)		Container type, number, and size	
	+									
The information given below is to be completed for each EWC identified										
EWC Code Packing Group(s)	Packing Group(s) UN Identification Number(s)		lumber(s)	Proper Shippin	hipping Name(s) UN		Class(es)	Spe	ecial Handling Requirments	
Part C Carrier's details Part D Consignor's details										
(If more that one carrier is used, please attach schedule for subsequent carriers. If a schedule of carriers is attached tick here. □) I certify that I today collected the consignment and that the details in A2, A4 & B3 are correct and I have been advised of any specific handling requirements. Where this note comprises part of a multiple collection the round number and				I certify that the information in A, B and C above is correct, that the carrier is registered or exempt and was advised of the appropriate precautionary measures. All of the waste is packaged and labelled correctly and the carrier has been advised of any special handling requirements. I confirm that I have fulfilled my duty to apply the waste hierarchy as required by Regulation 12 of the waste (England & Wales) Regulations 2011						
collection numbers are:		1. Consignor Name:								
Carrier Name: On behalf of (name, address, postcode, telephone, e-mai	On behalf of (name, address, postcode, telephone, e-mail, facsimile):									
2. Carrier registration no./reason for exemption:										
3. Vehicle Registration No. (or mode of transport, if not road):										
Signature Date Time	Signature Date Time									
Individual EWC code(s) Quantity of each EWC code received (kg) EWC Code acce				ted/rejected	ected Waste management operation (R or D code)					
1. I received this waste at the address given in A4 on: Date Time 2. Vehicle Registration No. (or mode of transport if not road): On behalf of (name, address, postcode, telephone, e-mail, facsimile): 3. Where waste is rejected please provide details:										
I certify that waste management licence/permit/authorised exemption no(s). Signature Authorises the management of the waste described in B at the address given in A4. Date Time										