



REGISTRATION WITH THE POLYCO INDUSTRY WASTE MANAGEMENT PLAN AS PER REQUIREMENT OF S28 (3b) OF THE NATIONAL ENVIRONMENTAL MANAGEMENT: WASTE ACT 2008 (ACT NO. 59 OF 2008)

MEMBER INFORMATION

Polyco is in the process of drafting an Industry Waste Management Plan for the Polyolefin plastic packaging sector in response to the Department of Environmental Affairs Section 28 Call for Industry Waste Management Plans.

COMPANY INFORMATION

Please complete this **MEMBER INFORMATION FORM** to inform us of your intention to have your organisation be subscribed to our Industry Waste Management Plan. Once we have received your information as per this form, we will send you the detailed contract for completion.

Holding/Company Name:	
Division/Entity Name:	
Registration Number:	
VAT Number:	
Physical Address:	
Postal Address:	
Telephone Number:	
Contact Person:	
Designation:	
Email Address:	
Accounts Dept. Email:	
Cell phone Number:	
Are you a:	
Packaging Producer	
Brand Owner/Retailer	
Collector	
Recycler	

Tick this box to ensure you are kept informed by Polyco of pertinent information with regards to the development of the Polyolefin Packaging Industry Waste Management Plan.

Kindly return the completed form to lisl@polyco.co.za

COLLECTOR MEMBERSHIP REGISTRATION FORM

We (Insert Company Name.....,("Collector")), duly represented by (name)..... wish to become an associate member of Polyco and hereby agree to the following behavior charter:

1. To provide Polyco with monthly figures of recycled volumes.
2. To institute a quality program in your company.
3. To purchase feedstock from collectors registered with Polyco.
4. To actively seek out new markets for the recycled product.
5. To pay a fair price for the collected product.

MANDATORY INFORMATION

Type of Business	<input type="checkbox"/> Collector	
If you are a collector, tick the sources of your waste:	<input type="checkbox"/> Buy-back	<input type="checkbox"/> Landfill
	<input type="checkbox"/> Post Industrial	<input type="checkbox"/> Other
Polymer types and volumes:	<input type="checkbox"/> HD-PE	<input type="checkbox"/> LLD-PE
	<input type="checkbox"/> LD-PE	<input type="checkbox"/> PP

Collector Name

.....

Name:

Designation

Dated:

Who warrants that he/she is duly authorised

Signed (or company stamp)

Acknowledgement:

By completing and signing this **Collector Processor Membership Registration form**, I am signaling my organisation's intent to be subscribed to the Polyco Industry Waste Management Plan for the Polyolefin Plastics Packaging Sector. For full terms and conditions, please visit www.polyco.co.za