



Waste Disposal Form

Request Date: / /

DETAILS OF PARTY REQUESTING FOR SERVICE

Name of Individual / Company / Resort / Island/Department

Address

Email Address

Telephone Number and Fax Number

DETAILS OF VESSEL/ VEHICLE

Name of Vessel/ Vehicle

Registry Number

Name of Captain/ Driver

National ID Card Number

Length & Gross Tonnage of the Vessel / vehicle

Tonnage

Name of Company

Telephone Number and Fax Number

Location of WAMCO

- Industrial Village/Malé
 K. Thilafushi
 Hulhumalé
 Vilimalé
 R. Vandhoo
 Fuvahmulah
 S.Hithadhoo

Address

PARTICULARS OF WASTE (SEGREGATED)

- Green Waste
 Plastic
 Wood
 Glass
 Paper/Cardboard
 ELV
 Electronic Waste
 C&D
 Other _____

*ELV: End of Life C&D: Construction and Demolition waste

Note: Before dispatching the vessel or Vehicle, please fill and email this form to 1666@wamco.com.mv and accounts.receivable@wamco.com.mv. Also, please send the original along with a copy of the same with the boat captain or driver.

AUTHORIZED PERSON OF REQUESTING PARTY

Name

Telephone Number and Fax Number

Designation

Email Address

Signature and Stamp

-----To be filled by official of Waste Management Corporation-----

Name

Date Received

Time Received

Signature and Stamp