

TRANSPORTER DETAILS

Name of vessel/vehicle

Registry No:

Name of Captain/Driver

Contact No

ID No:

CUSTOMER INFORMATION

Name

Contact No

Email Address

Address

AUTHORIZATION

Name

Designation

Contact No

Sign/Stamp

PARTICULARS OF WASTE

Waste category	Receptacle/Packed/bundles	Amount (weight/ no. of jumbos/bundles)	* To be filled by official of Waste Management Corporation
01. _____	<input type="checkbox"/> Bales <input type="checkbox"/> Jumbos <input type="checkbox"/> Others	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Verified <input type="checkbox"/>
02. _____	<input type="checkbox"/> Bales <input type="checkbox"/> Jumbos <input type="checkbox"/> Others	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Verified <input type="checkbox"/>
03. _____	<input type="checkbox"/> Bales <input type="checkbox"/> Jumbos <input type="checkbox"/> Others	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Verified <input type="checkbox"/>
04. _____	<input type="checkbox"/> Bales <input type="checkbox"/> Jumbos <input type="checkbox"/> Others	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Verified <input type="checkbox"/>
05. _____	<input type="checkbox"/> Bales <input type="checkbox"/> Jumbos <input type="checkbox"/> Others	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Verified <input type="checkbox"/>
06. _____	<input type="checkbox"/> Bales <input type="checkbox"/> Jumbos <input type="checkbox"/> Others	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Verified <input type="checkbox"/>
07. _____	<input type="checkbox"/> Bales <input type="checkbox"/> Jumbos <input type="checkbox"/> Others	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Verified <input type="checkbox"/>
08. _____	<input type="checkbox"/> Bales <input type="checkbox"/> Jumbos <input type="checkbox"/> Others	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Verified <input type="checkbox"/>
09. _____	<input type="checkbox"/> Bales <input type="checkbox"/> Jumbos <input type="checkbox"/> Others	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Verified <input type="checkbox"/>
10. _____	<input type="checkbox"/> Bales <input type="checkbox"/> Jumbos <input type="checkbox"/> Others	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Verified <input type="checkbox"/>

To be filled by Waste Management Corporation

Verified by (Name):

Date Verified

Time Verified

Signature and Stamp