

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 of the Vessel / Vehicle

\_\_\_\_\_  
Tonnage

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Telephone Number and Fax Number

Location of WAMCO

- |  |  |                                      |   |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> Industrial Village/Malé | <input type="checkbox"/> K. Thilafushi | <input type="checkbox"/> Hulhumalé   | <input type="checkbox"/> Vilimalé       |
| <input type="checkbox"/> R. Vandhoo              | <input type="checkbox"/> Fuvahmulah    | <input type="checkbox"/> S.Hithadhoo | <input type="checkbox"/> S.Hulhumeedhoo |
| <input type="checkbox"/> HDh. Kulhudhuffushi     |  |                                      |   |

## PARTICULARS OF WASTE (SEGREGATED)

- |  |                                  |   |                                |
|--|----------------------------------|---|--------------------------------|
| <input type="checkbox"/> Green Waste     | <input type="checkbox"/> Plastic | <input type="checkbox"/> Wood             | <input type="checkbox"/> Glass |
| <input type="checkbox"/> Paper/Cardboard | <input type="checkbox"/> *ELV    | <input type="checkbox"/> Electronic Waste | <input type="checkbox"/> C&D   |
| <input type="checkbox"/> Other _____     |                                  |   |                                |

\*ELV: End of Life

\*C&D: Construction and Demolition waste

**Note 1:** The following waste types are not accepted at the facility:

- Hazardous Chemical Waste
- Liquid or semi-liquid sewage and septic waste

**Note 2:** Please send the original along with a copy of the same with the boat captain or driver.

## AUTHORIZED PERSONNEL OF REQUESTING PARTY

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number and Fax Number

\_\_\_\_\_  
Designation

Payment basis:  Cash  Credit (prior arrangement needed)

\_\_\_\_\_  
Signature and Stamp

\*Any alterations on the form will not be accepted

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Time Received

\_\_\_\_\_  
Sales Receipt / Estimate Number

\_\_\_\_\_  
Signature and Stamp

## 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