**RecyClass Technology/Product Approval:**

Application form

Please fill in the following fields according to your best knowledge.

**Date:** Date of the application form.

# Contact details

## Company

|  |  |
| --- | --- |
| Name: | Company Name |
| Address: | Company Address |
| Website: | Company Website |

## Contact person

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: | Contact First Name | | |
| Last Name | Contact Last Name | | |
| Address: | Contact Adress | | |
| Phone: | Contact Phone | Email: | Contact email |

# Invoicing details

## Company

|  |  |
| --- | --- |
| Legal company name: | Legal Company Name |
| Address: | Company Address |
| VAT no: | VAT no. |
| Accounting contact: | Accounting Contact |

# General information

|  |  |
| --- | --- |
| Type of package: | Type of package (HDPE tube, PP film, PS tray, …) |
| Commercial name: | Commercial Name of the Product/Technology |
| Patent number(s): | Patent associated |
| Supplier(s): | Eventual Supplier |
| Product description: | Product description |
| Estimated market: | Select the estimated market of the innovation |
| Commercialization: | Choose an item. |

# Research partner (if required):

|  |  |
| --- | --- |
| Company name: | Company Name |
| Contact person: | Contact Person |
| Phone number: | Phone Number |
| Email: | Contact email |

# Detailed information (category):

|  |  |  |  |
| --- | --- | --- | --- |
| Innovation category: | Innovation Category | | |
| Technology type: | Choose an item. | | |
| Food contact approved | Choose an item. | | |
| **Chemical formula or material name, weight, and total percentage of each component:** | | | |
| Main body  *(please provide details of the sample structure: any resin layers, coatings, barriers, tie layers, laminated adhesives, masterbatch, mineral fillers, printing inks, etc. as well as their specific concentrations by weight in the sample structure)* | Body Structure description XXX  Sub-component 1 description  Sub-component 2 description  Sub-component 3 description  …  Total | XX,xx g  XX,xx g  XX,xx g  XX,xx g | YY,yy %  YY,yy %  YY,yy %  YY,yy % |
| In case of laminating adhesive, please provide the following information: | aromatic / aliphatic  solvent-based / solvent-free  g/m2 and % per weight of adhesive |  |  |
| In case of printing inks, please provide the following information: | Resin:  Solvent:  Pigment:  Binder:  Filling material:  Ink assistant:  g/m2 and % per weight of Ink: |  |  |
| Closure system  *(please provide details of the closure design – polymers, additives/fillers, etc. and its weight)* | Closure design description  Sub-component 1  Sub-component 2  …  Total (% on the total sample weight) | XX,xx g  XX,xx g  XX,xx g | YY,yy %  YY,yy %  YY,yy % |
| Label/Sleeve:  (*please provide any information relating to the structure, adhesive, printing inks*) | Label/Sleeve structure XXX  Adhesive (type and weight)  Printing inks (type and weight)  Total (% on the total sample weight) | XX,xx g  XX,xx g  XX,xx g | YY,yy %  YY,yy %  YY,yy % |
| Control material selected *(if known)* and TDS *(if available)* |  | | |
| Available recycling studies: |  | | |
| Documentation: |  | | |

# Comments

# Annexes

Please find herewith the following annexes.

## Non-Disclosure Agreement signed (Provided by RecyClass)

## Available recycling study (optional)

## Documentations (optional)

**By signing this Application Form you confirm that you carefully read the latest versions of “RecyClass Internal Procedures” and “Technology & Product Approvals – Quality Management & Procedures” (available on RecyClass website), are aware about RecyClass management fees and accept to be bound by the terms and conditions described therein.**

|  |  |
| --- | --- |
| *First Name:* | Applicant First Name |
| *Last Name:* | Applicant Last Name |
| *Date:* | Date of signature |
| *Signature of an authorized representative and Company stamp:* |  |