

DUTY OF CARE

Ref:

Monday, 20 November, 2023

SECTION A-DESCRIPTION OF WASTE

A1: How is the waste contained: (loose,skip,sacks,container)

A2: How much Waste (items and weight):

YOUR COLLECTION DETAILS WERE:

DESCRIPTION	QUANTITY	APPROX. WEIGHT	PER ITEM (KG)	EWCODE
Base Unit				
PHOTOCOPER				
SERVER				
PRINTER				
DATA CARRYING MEDIA				
KEYBOARD				
INK / TONER CARTRIDGES				
MOBILE PHONE				
MISCELLANEOUS				

SECTION B-CURRENT HOLDER OF WASTE

By signing in section D below I confirm that I have fulfilled my duty to apply the waste hierarchy as required by Regulations 12 of th waste (England and Wales) Regulations 2011

☐ Yes

Full Name: \_\_\_\_\_

Company Name & Address: \_\_\_\_\_

What are you:  
(Producers of waste / importer of waste / local authority / holder of  
environmental permit)

SECTION C-PERSON COLLERCTING THE WASTE

Full Name: \_\_\_\_\_

Company And Address: **Commercial IT Recycling LTD**  
**Unit 3,3 Gibbons Street**  
**Dunkirk Industrial estate**  
**Nottingham**  
**NG7 2SB**

Name Of Local Council: Nottingham City Council

What Are You: Commercial IT Recycling LTD

Registered: Carrier / Broker  
Dealer of Waste  
TIER 11 Exemption

Registration Number: CBDU457511  
EXP/MP3646YY

SECTION D-THE TRANSFER

Transfer Address Or Collection Point:

Who Arranged the transfer: Commercial IT Recycling LTD

Registration number: CBDU457511

Data to be processed?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Data Wipe HMG level 1	<input type="checkbox"/>
Data Wipe HMG level 3	<input type="checkbox"/>
Crush (Charges May Apply)	<input type="checkbox"/>

Email address for audit report (if required):

Transferee's Signatures:

Name:

Representing:

Transferee's Signatures:

Name:

Representing: