



**AGRICULTURE, CONSERVATION,
ENVIRONMENT AND LAND AFFAIRS**

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Attention: Paul Furniss

Email: wis@gpg.gov.za

REGISTRATION FORM

Health Care Risk Waste Generator			
1 *	Name:		
2 *	<input type="checkbox"/> New Registration <input type="checkbox"/> Renewal of Registration <input type="checkbox"/> Update of information <input type="checkbox"/> De-registration		
3 *	<input type="checkbox"/> Public <input type="checkbox"/> Private		
4 *	Major municipality within which generator resides:		
5 *	Postal address:		
6 *	Physical address:		
7 *	<table border="1"> <tr> <td>Telephone: ()</td> <td>Fax: ()</td> </tr> </table>	Telephone: ()	Fax: ()
Telephone: ()	Fax: ()		
8	E-mail address:		
9 *	Contact person:		
10 *	Designation of contact person:		
11	<table border="1"> <tr> <td>Latitude: - ____ . ____ S</td> <td>Longitude: ____ . ____ E</td> </tr> </table>	Latitude: - ____ . ____ S	Longitude: ____ . ____ E
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12	<table border="1"> <tr> <td>Number of beds:</td> <td>Percentage Occupancy: % per annum</td> </tr> </table>	Number of beds:	Percentage Occupancy: % per annum
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13	<table border="1"> <tr> <td>Expected min waste: kg/m</td> <td>Expected max waste: kg/m</td> </tr> </table>	Expected min waste: kg/m	Expected max waste: kg/m
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14 *	<table border="1"> <tr> <td>Date: DD / MM / YYYY</td> <td>Signature:</td> </tr> </table>	Date: DD / MM / YYYY	Signature:
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FOR OFFICIAL USE ONLY:			
15	<table border="1"> <tr> <td>Waste Plan received: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Audit Report received: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Waste Plan received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Audit Report received: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Compulsory fields are indicated with a (*)