

agriculture, rural development, land & environmental affairs

MPUMALANGA PROVINCE REPUBLIC OF SOUTH AFRICA

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Departemen

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REGISTRATION FORM

FACILITIES THAT SORT, SHRED, GRIND, CRUSH, SCREEN, CHIP OR BALE GENERAL WASTE IN TERMS OF THE NORMS AND STARDARDS GAZETTE NO 41175 NOTICE NO11093 OF 11 OCTOBER 2017.

Date	Application	Form			
Received	:				
Outcome	of Evaluation	of the	Accepted	Not accepted (provide	
application	n form		-	reasons)	
DARDLE	A Regi	stration		·	
Number:	J				

NB: Fields with asterisk * are compulsory; if not completed the registration will be rejected.

DOCUMENTATION REQUIRED (Differ as per operational area of the site) Please indicate which one you are applying for

Operational Area less than 1000 m ²		Operational Area more than 1000 m ²		
Building Plan		Building Plan / Engineering Designs		
Registration Form		Registration Form		
Environmental Management Plan or		Comply to the Norms and Standards GN		
Operational Plan (comply to section		11093 of 11 October 2017		
28 of NEMA – duty of care)				

THIS REGISTRATION FORM NEEDS TO BE COMPLETED FULLY AND ANY FALSE INFORMATION PROVIDED WILL INVALIDATE THE APPLICATION AND RESULT IN REJECTION OF THE REGISTRATION

SECTION A: DETAILS OF THE OWNER OF THE WASTE MANAGEMEN	T FACILIT	Y:	
The following contact information will be used to create the Central R	egistry Us	er for the site	. All
notifications pertaining to the facility will be sent to this person.			
First Name:	*		
Thousand.			
Surname:	*		
ourname.			
Email:	*		
Linaii.			
Telephone:	*		
тевернопе.			
Collabora	*		
Cell phone			
Fax Number			
Destal Address.	*		
Postal Address:			
Physical Address	*		
SECTION B: DETAILS OF THE WASTE MANAGEMENT ACTIVITY			
Please select the name of activity for which registration is required (Tick the	e appropria	te box below)	
* When did the activity commence, if commencement has taken			
place?	ear N	Month Date	
	I		
Activities to be undertaken on site	*		
The Sorting,			
Shredding,			
Grinding,			
Crushing,			
Screening,			
Chipping or			
Baling of General Waste			
Other (Please specify)			

SECTION C: FACILITY INFORMATION:		
Facility Name:	*	
Facility Telephone number:	*	
VAT Registration Number (if applicable):		
Municipality:	*	
Province:	*	
Physical Address: Street or Erf	*	
Physical Address: City	*	
Physical Address: Postal Code:	*	
Degrees Latitude:		
Degrees Longitude:		
NB: (Please provide the geographic co-ordinates of all external corner points of the site (i.e the not the whole complex)) in Degrees, Minutes and Seconds (no other format is acceptable)	Naste Mana	gement Facility, and
Size of the facility	*	
Proximity of the facility to the nearest residential area	*	
Land use/ zoning (Attach proof)	*	
Approved Civil Engineering Designs and/or Building Plans (Attach, where applicable in terms of relevant building regulations and bylaws)		

*SECTION D: WASTE INFORMATION						
	Maximum					
Types of waste stream	quantities to be	Sources	Final Destination			
handled/processed	processed per	Sources				
	time period					

SECTION E FACILITY	: THE	OWNER	OF THE	WASTE	MANAGEMENT
I,registration form a true and correct.	and hereby c	onfirm that the	hereby declaring information pr	are that I have ovided is to the	e read the completed e best of my knowledge
Environmental Ma	inagement: \ / constitute	Vaste Act, 200 an offence in	08 (Act 59 of 2	008) and failur	terms of the National re to comply with these onmental Management:
Owner of the Facil Designation					
Signature Facility)		(du	ly authorised to	sign on behalf	of Owner of the
Date:	Plac	e:			
Signature of the C	ommissione	of Oaths:			
Date:					
Designation:					
Official stamp (Abo	ove)				

SECTION F: DECLARATION BY THE LAND OWNER NB: (Only if the landowner is different from the Owner of the Facility) l, _ declare under oath that I -• Am, aware of the waste management activity (ies) to take place or taking place in my property. Consented to this/ these activity (ies) taking / to take place in my property hereby indemnify, the government of the Republic, the competent authority and all its officers, agents and employees, from any liability arising out of the content of any report, any procedure or any action for which the applicant or environmental assessment practitioner is responsible in terms of the National Environmental Management: Waste Act, 2008 (Act 59 of 2008). Signature of Land Owner Name of company: Date: Signature of the Commissioner of Oaths: Date: Designation: Official stamp (Above)