



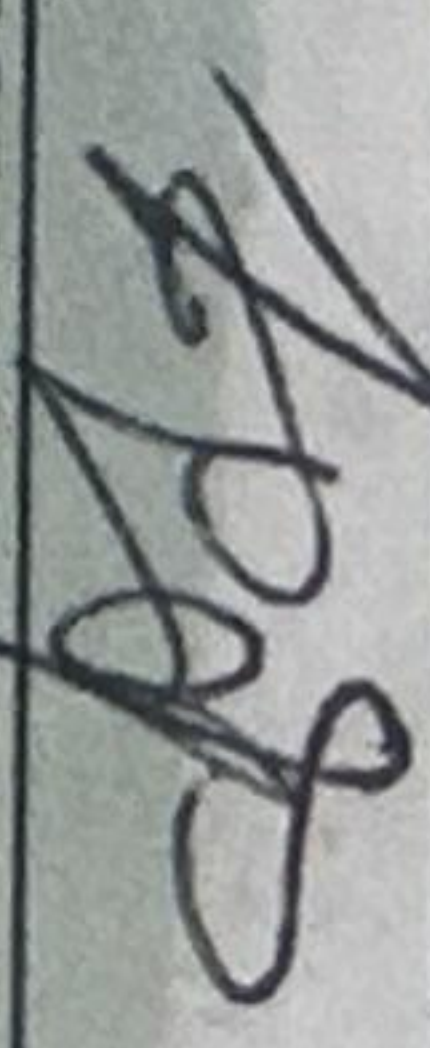
WASTE TRANSFER NOTE / DUTY OF CARE
Permit : EPR/MP3135DF Permit : EPR/MP3093VU
Waste Carrier No : CBDU49854

Delivery Ticket No. 359122

Collection Date: 8/10/25	Delivery Date: 8/10/25	Drivers Name: Pharmazon
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From: IMAFE BUSINESS PARK STAGE 3	Deliver to:	
POC:	Stockpile:	
Product: SPOIL	EWC:	
Gross Weight:	Tare Weight:	Net Weight: 1 X 8 W
Notes:		
Vehicle: DX70 TKD	Trailer No:	

Producer of the Waste:- Goods Collected in Good Order and Condition

Signature: 	Print Name: S. B. F. L. W.	Date:
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Transfer Station:- Goods Received in Good Order and Condition

Signature:	Print Name:	Date:
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I certify that the "Waste Hierarchy" has been applied as required by Regulation 12 of the Waste (England and Wales) Regulations 2011.



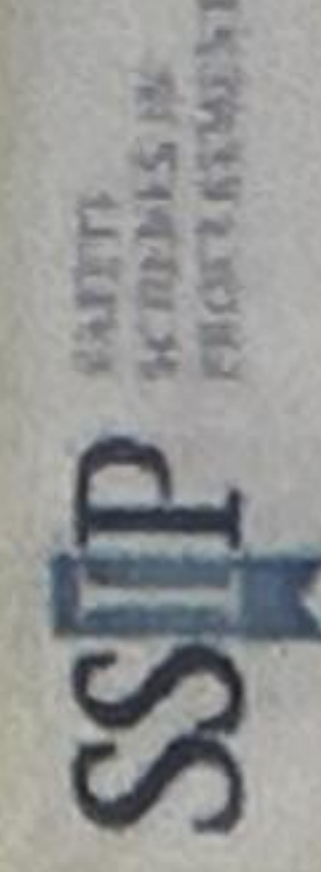
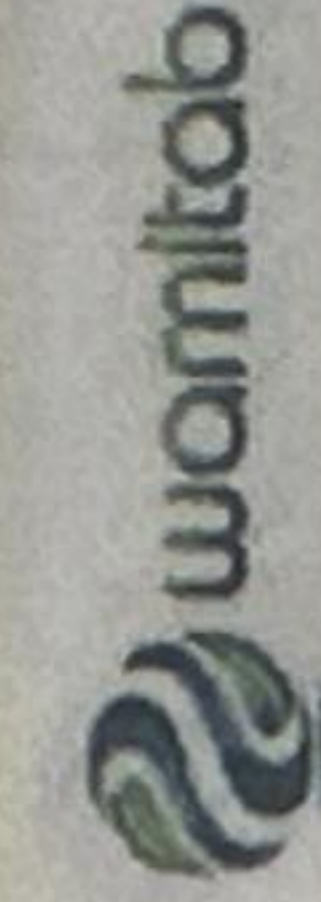
ISO 9001
QUALITY MANAGEMENT



ISO 14001
ENVIRONMENTAL MANAGEMENT



ISO 45001
HEALTH & SAFETY MANAGEMENT



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