**Inquiry Form for Membership Enrollment**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| 1 | Name of Marketing Official coordinating your inquiry at S.E.P.P.L |  |
| 2 | Name of Your Industry |  |
| 3 | Details of the Coordinating Official from your Organization  | Name:  |  |
| Designation: |  |
| Department: |  |
| Mobile Number: |  |
| Email ID: |  |
| 4 | Constitution of Business (Proprietary/ Partnership/Company) |  |
| 5 | Address of the Production Facility |  |
| 6 | Investment in Plant & Machinery: **(Please provide copy of latest CA certificate)** |  |
| 7 | Types of Waste Generated as per CC & A **(Please attach copy of CC & A)** | Type of Waste | Category | Annual Quantity (MT) |
|  |  |  |
|  |  |  |
|  |  |  |
| 8 | Details of person / company providing reference of M/s. Saurashtra Enviro Projects Pvt. Ltd |  |

**Declaration**

**I/We hereby declare that all the information mentioned above is true to the best of my knowledge**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**Company’s Seal & Signature of Authorized Signatory)**