



ANKLESHWAR CLEANER PROCESS TECHNOLOGY CENTRE LTD.

Corporate office: Detox House, Opp. Gujarat Samachar Press, Udhna Darwaja, Ring Road, Surat – 395 002, Gujarat, INDIA.

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MEMBERSHIP APPLICATION FORM

| GENERATORS PROFILE | | | | |
|--|------------------------------------|--|---|--|
| Name of the Generator: | | | | |
| Address of Generator's Production Unit with Pin Code: | | Billing Address <input type="checkbox"/> | | |
| Address of Generator's Corporate Office with Pin Code: | | Billing Address <input type="checkbox"/> | | |
| <u>Scale of Industry</u> <input type="checkbox"/> Small Scale Industry <input type="checkbox"/> Medium Scale Industry <input type="checkbox"/> Large Scale Industry | | <u>Business Constitution</u> <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Company (Private/PSU) | | <u>Type of Industry</u> (Pl. Specify) |
| Generator's Weekly Offs | | | | |
| Production Unit | | Corporate Office | | |
| <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday | | <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday | | |
| WASTE - WATER DETAILS | | | | |
| Description | Waste Water Data (in KL) | | | |
| | Generation Consented by Regulators | Qty of Waste Water Generation (if less than consented Qty) | Available Storage Space for storing Waste Water | Proposed Quantity for Treatment at ACPTCL |
| | | | | |
| | | | | |
| Generator's Frequency for transporting Waste Water to ACPTCL for treatment | | <input type="checkbox"/> Daily <input type="checkbox"/> Alternate <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Annually | | |
| REGULATORY DETAILS | | | | |
| Address of Regional Office of GPCB | | Consent Details | | |
| | | Consent No.: | | |
| | | Applied Date | Date of Issue | Valid Upto |
| | | | | |

(Please affix Stamp & Signature)

ENVIRONMENTAL CONSULTANT DETAILS

| | |
|--|--|
| Name of the Environmental Consulting Organization | |
| Name of the Consultant | |
| Address of the Consulting Organization | |
| Contact Nos. | |
| Mobile No | |
| Email ID | |

INDUSTRIAL ASSOCIATION DETAILS

| | | | |
|--|---------------------------|-------------------|-------------------|
| Name of the Industrial Association with Address | Membership Details | | |
| | Membership No | Valid From | Valid Till |
| | | | |

Contact Details for individuals coordinating daily on behalf of Generator

| | |
|---|---|
| <p><u>EHS Department:</u></p> <p>Name of the Contact Person: Designation: Contact No with STD Code: Work Email Address: Email Address:</p> | <p><u>Finance Department:</u></p> <p>Name of the Contact Person: Designation: Contact No with STD Code: Work Email Address: Email Address:</p> |
|---|---|

Contact Details for Key Decision Makers at Generator's Operating Unit

| | |
|---|---|
| <p><u>EHS Department:</u></p> <p>Name of the Contact Person: Designation: Contact No with STD Code: Work Email Address: Email Address:</p> | <p><u>Finance Department:</u></p> <p>Name of the Contact Person: Designation: Contact No with STD Code: Work Email Address: Email Address:</p> |
|---|---|

| | |
|--|---|
| <p><u>Site Head:</u></p> <p>Name of the Contact Person: Contact No with STD Code: Work Email Address: Email Address:</p> | <p><u>Site Incharge</u></p> <p>Name of the Contact Person: Contact No with STD Code: Work Email Address: Email Address:</p> |
|--|---|

Contact Details of Key Decision Makers at Generator's Corporate Office

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|--|--|
| <p><u>EHS Department:</u></p> <p>Name of the Contact Person: Designation: Fix Line No with STD Code: Work Email Address: Email Address:</p> | <p><u>Finance Department:</u></p> <p>Name of the Contact Person: Designation: Fix Line No with STD Code: Work Email Address: Email Address:</p> |
|--|--|

| | |
|---|---|
| <p><u>Vice President:</u></p> <p>Name of the Contact Person: Contact No with STD Code: Work Email Address: Email Address:</p> | <p><u>Director:</u></p> <p>Name of the Contact Person: Contact No with STD Code: Work Email Address: Email Address:</p> |
|---|---|

(Please affix Stamp & Signature)

| GENERATOR'S MEMBERSHIP PAYMENT DETAILS | | | | |
|---|------------------------|--|------------------------|---------------------------|
| Particulars | Amount (in INR) | Mode of Payment (Cheque/DD/ECS) | Date of Payment | Details of Payment |
| Non Refundable Membership Fees | | | | |
| Sample Testing Fees | | | | |
| Generator's committed quantity for treatment per annum in KL (To be filled by ACPTCL after signing of MOU) | | | | |
| LIST DOCUMENTS TO BE SUBMITTED ALONG WITH THIS APPLICATION FORM | | | | |
| <ol style="list-style-type: none"> 1. Copy of membership certificate issued by Industrial Association (if any) 2. Sample Submission Form 3. CTE/CTO from Pollution Control Board as applicable. 4. Process Flow Diagram of present treatment scheme. 5. List of Raw Material & MSDS 6. Pan Card 7. List of Partners/ Directors with Mobile No, Work Address & Email Address on letterhead of the Generator 8. Form A2 to avail exemption in Service Tax, if located in SEZ. | | | | |

DISCLOSURE:

We hereby agree to obtain membership of M/s. Ankleshwar Cleaner Process Technology Centre Limited (ACPTCL) for treatment of Waste Water generated by our unit and agree to abide by all the terms and conditions of ACPTCL.

We confirm all information mentioned herewith to be true to our knowledge. In event of any misleading information identified, ACPTCL shall request the member to rectify the information

(Please affix Stamp & Signature)