

Inquiry Form for Membership Enrollment

Date of Application: _____

1	Name of Marketing Official coordinating your inquiry at R.E.E.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: <u>(Please provide copy of latest CA certificate)</u>			
7	Types of Waste Generated as per CC & A <u>(Please attach copy of CC & A)</u>	Type of Waste	Category	Annual Quantity (MT)
8	Details of person / company providing reference of M/s. VarniEnviro Care 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)