



Application for Utilization of Metal Waste

Please complete the following details accurately for registration purposes.

- 1. Name of Industry / Company:**
- 2. Registered Address:**
- 3. Business Registration Number:**
- 4. Contact Information:**
 - **Telephone:**
 - **Email:**
- 5. Type of Product(s) Manufactured:**
- 6. Production Capacity (specify units and frequency):**
- 7. Available Facilities / Machinery:**
- 8. Number of Employees:**
- 9. Required Type of Metal Waste:**
- 10. Required Quantity (per month):**

Name of Proprietor / Authorized Officer: _____

Signature: _____

Date: _____