

Fourth Schedule

ANNUAL REGISTRATION FORM
OWNERS OF HOLIDAY HOUSES, APARTMENT BLOCKS/COMPLEXES
& MANAGEMENT COMPANIES

Name: _____

Address: _____

Contact No: _____

Email: _____

Have you got a composter for green/uncooked waste? Yes: _____

No: _____

Name of Management Company (if applicable): _____

Name of Residents Association (if applicable): _____

Number of bedrooms in the apartment block/complex: _____

Number of occupants in the apartment block/complex: _____

Number of landfill/general waste receptacles required: _____

Number of recyclable receptacles required: _____

Number of organic waste collection receptacles required: _____