

# AGREEMENT FORM FOR COLLECTION & DISPOSAL OF COMMERCIAL CLINICAL WASTE

	Collection address	Invoice name & address (if different)
*I / we:		
Trading as:		
Address:		
Postcode:		
Tel no:		
E-mail:		

### Type of business

Residential home	Nursing home $\Box$	Shop (e.g. tattooist, beauty salon etc) $\Box$	
Other Delease specify			

The service will commence once we have processed a correctly completed form and arranged for our contractor to set up the service, *unless* you want it delayed to a future start. If so, please specify start month\_\_\_\_\_\_

I / We have read and understood the conditions set out in this agreement and understand that if North Norfolk District Council accepts this application, a binding contract will be formed.

This Agreement has been signed by an authorised representative of the applicant.

Authorised signature:	(must be over 18 years of age)
Name in BLOCK CAPITALS:	

Position in business: \_\_\_\_\_Date: \_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date:

I/we hereby make an application to North Norfolk District Council to have commercial clinical waste removed from the above collection address and agree to pay the appropriate charges.

Please tick all required	Type of clinical waste	Number of rolls sacks */ Sharps boxes **	Frequency of collection required
	"A" waste (18-01-03): all human tissue, including blood soiled surgical dressings, swabs and other soiled waste from treatment areas – Sacks marked for Incineration only		<ul> <li>□ Weekly</li> <li>□ Fortnightly</li> <li>□ Monthly</li> <li>□ On request</li> </ul>
	"B" waste (18-01-01): discarded syringe needles, cartridges, broken glass and any other contaminated disposable sharp instructions or items – Sharp Box		□ Weekly □ Fortnightly □ Monthly □ On request
	"E" waste (18-01-04): incontinence pads, colostomy bags, used disposable bedpans and bedpan liners – Sacks marked with diagonal black stripe		<ul> <li>□ Weekly</li> <li>□ Fortnightly</li> <li>□ Monthly</li> <li>□ On request</li> </ul>

\* Clinical A waste sacks come in rolls of 20. Clinical E waste sacks come in rolls of 25.

\*\* Sharps must **not** be put in the clinical waste sacks and must be placed in special Sharps boxes. To order this service please tick the above box for "B" waste.

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# Payment

Customers are invoiced quarterly in arrears for the periods 1 April to 30 June; 1 July to 30 September; 1 October to 31 December; 1 January to 31 March. If you wish to pay your bills by monthly instalment, please complete and return the enclosed direct debit form attached with your application.

#### VAT on collection charges

Clinical waste collected from residential homes is categorised as Commercial Waste and the charges for the service are outside the scope for VAT. Clinical Waste collected from other commercial sources is categorised as industrial waste and is subject to VAT at the prevailing rate.

# Terms and conditions

Clinical waste must not be mixed with other rubbish and must be disposed of in accordance with the regulations listed in the Environmental Protection Act 1990 and The Controlled Waste (England and Wales) Regulations 2012.

For our full terms and conditions, please visit our website: <u>http://www.northnorfolk.org/business/2437.asp</u> - If you do not have access to the Internet, we will send you a copy of our full terms and conditions if you contact Environmental Services on 01263 516195 or email <u>cleansing@north-norfolk.gov.uk</u>



Instruction to your bank or building society to pay by Direct Debit

Service user number

Please fill in the whole form and send it to: North Norfolk District Council, Holt Rd, Cromer, Norfolk NR27 9EN

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Address								
<u> </u>		_						
	Postcode	_						
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			Council a uilding soc		details wi	l be pass	edelectr	onically to my
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		Signa	ture(s)					
Branch sort code								
Reference								
		Date						
Banks a	nd building societies may not ac	cept Direct Debit	Instruction	s for som	e types o	faccoun	t	
paying bank. Sundry Invoice - Annual Comm Waste Invoice monthly (up to 10 inst choice then return the completed f income@north-norfolk.gov.uk In full Annually Payment will be made on the 1 <sup>st</sup> , Ist	talments and/or by 20 <sup>th</sup> Febru form to the address showr Up to 10 Instalments	uary) or in full a a above or by	nnually fax to 01	by Dire 263 51	ct Debit 6028 or	t. Pleas	e tick y	ourinstalme
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- District Council to collect a payment, confirmation of the amount and date will be given to you at the time of the request • If an error is made in the payment of your Direct Debit, by North Norfolk District Council or your bank or building society you
- are entitled to a full and immediate refund of the amount paid from your bank or building society
- If you receive a refund you are not entitled to, you must pay it back when North Norfolk District Council asks you to
- · You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

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