



**REGISTRATION FORM AS A PRODUCER OF  
ELECTRICAL AND ELECTRONIC EQUIPMENT  
FORM A**

***Please ensure that you have understood your obligations as a producer of EEE emanating from S.L. 549.89 – the Waste Management (Electrical and Electronic Equipment) Regulations.***

Your application shall be **accompanied** by:

- A payment of **€35** made payable to Environment & Resources Authority (ERA);
- A **copy of your signed agreement**, if participating in an authorised WEEE Compliance Scheme;
- The **written mandate declaration** set out in Schedule 11 of S.L. 549.89, if appointing an authorised representative;
- A **work plan** of how you intend to fulfil your obligations, if not a member of a WEEE Compliance Scheme.

**Should you require assistance in completing your registration form please contact us on:**

*Phone: 2292 3500*

*Email: epr.permitting@era.org.mt*

**1. Details of Applicant** *[Please complete in BLOCK letters]*

**FULL Name of Company/Producer:**

*[Shall appear on the public register]*

**Trading Name** *[if different to the above]*

**Registered address of Company/Producer**

*Address (Door number/Building Name & Street):*

*Locality & Postcode:*

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*Country:*

*Phone/Mobile number:*

*E-mail Address:*

**Company Registration Number:**

*[if applicable]*

**VAT Number:**

**NACE Code of economic activity:**

*[if available]*

**Employment size of company:**

- |         |                          |         |                          |         |                          |       |                          |
|---------|--------------------------|---------|--------------------------|---------|--------------------------|-------|--------------------------|
| 1-9     | <input type="checkbox"/> | 10-29   | <input type="checkbox"/> | 30-49   | <input type="checkbox"/> | 50-99 | <input type="checkbox"/> |
| 100-149 | <input type="checkbox"/> | 150-249 | <input type="checkbox"/> | 250-499 | <input type="checkbox"/> | 500+  | <input type="checkbox"/> |

**2. Details of Contact Person of Company/Producer**

*[Please complete in **BLOCK** letters & only if no Authorised Representative has been appointed]*

Title:  First Name:  Last Name:

**Position within Company** *[if applicable]:*

*Address (Door number/Building Name & Street):*

*Locality & Postcode:*

*Country:*

*Phone/Mobile number:*

*E-mail Address:*


**3. Details of Authorised Representative** *[Please complete in **BLOCK** letters if applicable]*

Title:  First Name:  Last Name:

**Company Name of Authorised Representative** *[if applicable]*

**Company Registration Number of Authorised Representative** *[if applicable]*

**VAT Number of Authorised Representative** *[if applicable]*

**Registered address of Authorised Representative:**

*Address (Door number/Building Name & Street):*

*Locality & Postcode:*

*Country:*

*Phone/Mobile number:*

*E-mail Address:*


**4. Selling techniques** *[Please tick where applicable]*

Business-to-Business

Business-to-consumer

Distance selling

Local Online Retailer

Is your sales areas relating to EEE of at least 400m<sup>2</sup>, or in their immediate proximity?

Yes  No

**5. Categories, Brand name/s and type of Electrical and Electronic Equipment (EEE)**

*[Please indicate what categories of EEE you are placing on the market, list **all** brand names of EEE you are placing on the market for **each** category and **tick** the type/s of EEE being placed on the market]*

Category	Brand Name/s	Private Household	Other than Private Household
<input type="checkbox"/> 1. Large household appliances		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2. Small household appliances		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3. IT & Telecoms equipment		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4. Consumer equipment & PV panels		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5. Lighting equipment		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 6. Electrical & electronic tools*		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7. Toys, leisure & sports equipment		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 8. Medical devices**		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 9. Monitoring & control instruments		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 10. Automatic dispensers		<input type="checkbox"/>	<input type="checkbox"/>

*\*with the exception of large-scale stationary industrial tools*

*\*\*with the exception of all implanted and infected products*

**6. Producer Responsibility** [Please tick where applicable and complete in **BLOCK** letters]

Are you a member of an authorised WEEE compliance scheme? Yes  No

If Yes, please provide:

Name of the WEEE compliance scheme	
Scheme's membership number	

If No:

Please attach a work plan of how you intend to fulfil your obligations. ToRs for Work Plan can be downloaded from ERA's Website:

<http://era.org.mt/en/Pages/weee.aspx>.

**Declaration Statement**

By signing this form, you confirm that you are giving your explicit consent, in terms of the Data Protection Act, on behalf of yourself and all the other persons specified in this form for the Authority to process your respective personal information.

It is an offence if you deliberately give false or misleading information. You may be liable to prosecution. The application must be signed and submitted to the Authority by an Authorised Signatory or by an Authorised Representative.

I declare that the information in this application and data form is true to the best of my knowledge and belief.

I understand that registration may be refused if I give false or incomplete information.

I agree to inform you of any changes to the information given, in writing and duly signed, within **ONE** month after the change.

I agree to apply for deregistration upon ceasing to place electrical and electronic equipment on the market.

Name & Surname	Signature of Applicant	Date (DD/MM/YYYY)
<p>Complete forms are to be handed in or sent by post to:</p> <p><b>Environment &amp; Resources Authority, Hexagon House, Spencer Hill, Marsa, MRS 1441</b></p>	<p><b><u>For Office Use Only</u></b></p> <p>Date Stamp</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Producer Registration Number</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Accepted <input type="checkbox"/> Refused <input type="checkbox"/></p>	

**DATA PROTECTION ACT, 2001**

The Environment & Resources Authority will process any personal and/or sensitive data supplied in this application for all or any of the following:

1. Preventing, detecting and/or prosecuting fraud and any other criminal activity which the Authority is bound to report and/or act upon whilst meeting any other specific legal or regulatory obligations;
2. Establishing, exercising or defending any legal action;
3. Internal management, research and statistics, systems administration, the development and improvement of our services;
4. The protection and promotion of our legitimate interests and the proper conduct of our obligations arising under any law or statutory instrument; and
5. To make public the necessary information as specified in the relevant law and/or instrument.

Relevant data will be disclosed or shared as appropriate with all our employees and with other third parties if pertinent to any of the purposes listed above.