

**Form IPPC Part A – application for a permit, variation, transfer or surrender
For Environment & Resources Authority Use Only**

Data received

Fee received: Yes No

☐ ☐

Amount received

Name assigned to installation



**Application for a permit, variation, transfer or
surrender**

Integrated Pollution Prevention and Control (IPPC)
Industrial Emissions (IPPC) Regulations 2013

Introduction to Part A

When to use this form

Use this form if you are sending an application to the ERA under the Industrial Emissions (IPPC) Regulations, 2013.

The form is to be used for applications made in respect of both 'installations' and 'mobile plant' (and in the rest of the form, the term 'installation' also covers 'mobile plant' where appropriate).

Before you start to fill in this form

There may be two or more operators in a single installation. Each operator will need a permit, each obtained by a separate application. Your applications will principally relate to the part of the installation under your control, but will also need to include some information on the rest of the installation. This will help us to assess the operation of the whole installation. The term "installation", when used in this application form (and elsewhere) may refer to either the whole or part of the installation, depending on the nature of the information we are seeking to obtain.

Which parts of the form to fill in

The form is in five parts but we usually only send you the parts you need to fill in. Everyone has to fill in Part A, and prepare and sign a covering letter at the end of their application.

The other parts you need to fill in depends on the type of application you are making:

- To apply for a new permit – fill in Parts A and B;
- To vary an existing permit – fill in Parts A and C;
- To transfer all or part of an existing permit to

someone else – fill in Parts A and D. This should be a joint application by the transferor and the transferee;

- To surrender all or part of an existing permit – fill in Parts A and E.

A1 About your application

A1.1 What type of application are you making?

- ☐ new permit
- ☐ variation of an existing permit
- ☐ transfer of an existing permit

X surrender of an existing permit: Ref. n: 0005/07/C

A1.2 Name of the installation

Crystal Pharma Ltd.

Other documents we need to see

There are a number of other documents you will need to send us with your application. Each time a request for documents is made in the application form you will need to record a document reference number for the document or documents that you are submitting in the box provided on the form for this purpose.

Please also mark the document(s) clearly with this reference number and either the application reference number if you know it or your existing permit number. If you do not have either of these, please use the name of the installation.

If you know your Application Reference Number, please enter it into the box below:

Using continuation sheets

In the case of questions required to be answered on the application form itself, please use a continuation sheet if you need extra space; but please indicate clearly on the form that you have done so by stating a document reference number for that continuation sheet. Please also mark the continuation sheet itself clearly with the information referred to above.

Copies

Please submit 1 hard copy and 1 soft copy of the application form and all supporting information.

A soft copy of the application form must also be submitted to the consultees identified in Regulation 19(2) of Legal Notice 10 of 2013. A signed delivery note must be enclosed with the application to ERA.

If you need help and advice

We have made the application form as straightforward as possible, but please get in touch with us on tel: 2292 3500 or email: jppc@era.org.mt if you need any advice on how to set out the information we need.

A2 Authorised contacts

It will help us to have someone who we can contact directly with any questions about your application. The person you name should have the authority to act on your behalf.

A2.1 Who can we contact about your application?

This could be an agent rather than the operator.

Name

Patricia Gomez

Position

Technically Competent Person

Please tell us if this name is:

- ☒ already agreed with the ERA; or
☐ one that you are proposing.

A1.3 Please give the address of the site of the installation, and a map or plan showing the site of the installation and the location of the installation on the site

Street Address	BLB 200	
	Bulebel Industrial Estate	
Locality	Zejtun	Post Code ZTN 3000

A1.4 Give details of any existing permit(s) for the installation.

Please give details of any applicable waste management licences, planning permits, environmental permits or sewer discharge permits. Include permit number(s), type(s) and date(s) of issue, and submit copies.

<ol style="list-style-type: none"> 1. IP 0005/07/C: IPPC Permit type C, 05/October/2015 2. CP11306 Permit to transfer Solid waste containing hazardous substances, 28/August/2017. 3. CP11310 Permit to transfer absorbents, filter materials, wiping cloths, protecting clothing contaminated by hazardous substances, 20 December 2017 4. CP11311 Permit to transfer packaging containing residues of or contaminated by hazardous substances, 20 December 2017, 5. DMU 5897 Public sewer discharge permit, 08/November/2017 6. Lease Agreement. 7. MIP inspection report. 8. Communication between MIP and Crystal Pharma concerning the maintenance works. (Copies included as attached documents numbers 1 to 8)

A3 About the operator

Please provide the information requested below about the 'operator', which means:

- for applications for a new permit – the person who it is proposed will have control over the installation in accordance with the permit (if granted),

Address

Street Address	Crystal Pharma Ltd.	
	BLB 200 Bulebel Industrial Estate	
Locality	Zejtun	Post Code ZTN 3000

Phone Number:00356 7920 8141

Fax Number -

Email address: xxx

A2.2 Operational contact

If different to the above, please identify the person we should contact to discuss operational matters on an ongoing basis.

Name

Position

Address

Street Address		
Locality		Post Code

Phone Number

Fax Number

Email address

Fax Number

Email address

Now go to question A4, What to do next.

Applications from partnerships

A3.3 Who is applying?

We can only issue permits to named individuals, not to a partnership name. We therefore need details of each person in the partnership.

Continue on separate sheets if necessary.

- for applications for a variation, transfer or surrender – the person who currently has control over the installation in accordance with the permit.

If you are applying for a transfer, we will ask for more information relating to the proposed new operator (transferee) in Part D.

Legal status of operator

A3.1 Is the operator an individual, a group of individuals, a partnership or a company/corporate body?

- ☐ Individual (sole trader) or group of individuals: go to question A3.2.
- ☐ Partnership: go to question A3.3.
- ☒ Company or corporate body: go to question A3.5.

Individual applicants

A3.2 Please give us the following details.

Where more than one person is applying (other than as a partnership) we need details of each person.

Continue on separate sheets if necessary.

Full Name		
ID Card/Passport No.		
Trading/business name (if any)		
Business address		
Street Address		
Locality		Post Code
Phone Number		

Person

Full Name		
ID Card/Passport No.		
Principal place of business		
Street Address		
Locality		Post Code

Contact Numbers

Phone Number
Fax Number
Email address

Person

Full Name		
ID Card/Passport No.		
Principal place of business		
Street Address		
Locality		Post Code

Contact Numbers

Phone Number

Fax Number

Email address

Person**Full Name**

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ID Card/Passport No.

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Principal place of business

Street Address	
Locality	Post Code

Contact Numbers

Phone Number

Fax Number

Email address

A3.4 Please give us the following details about the partnership.

Name of partnership (if there is one)

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Principal place of business

Street Address	
Locality	Post Code

Contact Numbers

Phone Number

Fax Number

Now go to question A4, What to do next.

Companies or other corporate applicants**A3.5 Please give us the following details.**

Full name of company or corporate body.

Crystal Pharma Ltd

Trading/business name (if different)

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Registered office address

Street Address	BLB 200
	Bulebel Industrial Estate
Locality	Post Code ZTN 3000

Company registration number

C21609

Date of formation of company

4/July/1997

- For applications from companies, please provide a copy of the certificate of incorporation or registration and any certificates of subsequent name changes.

Document reference number

(Copies included as attached documents numbers 9 to 13)

- For applications from other corporate bodies, please provide evidence of status.

Document reference number

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Email address

A3.6 Is the operator a subsidiary of a holding company?

No ☒ X

Yes ☐ name of ultimate holding company

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Registered office address

Street Address	
Locality	Post Code

Principal office address (if different)

Street Address	
Locality	Post Code

Company registration number

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A4 What to do next

Now you need to fill in the other Parts of this form available online.

If you are applying for

- ☐ • A new permit – fill in Part B;
- ☐ • A variation – fill in Part C;
- ☐ • A transfer – fill in Part D;
- X • A surrender – fill in Part E.