

Note:

* Inventory of the current generation of scheduled wastes

a Date when the scheduled wastes are the first generated

b Stored, processed, recovered for materials or product from such scheduled wastes, incinerated, exchanged or other methods (specify)

c Give name and address of facility

DECLARATION

I hereby declare that all information given in this form is to best of my knowledge and believe true and correct in all respect.

NAME OF REPORTING OFFICER ***	A
NRIC No.	-
DESIGNATION	Supervisor
DATE	20/04/2022

THIS IS A COMPUTER-GENERATED DOCUMENT AND IT DOES NOT REQUIRE A SIGNATURE.