



**OPERATORS IN EXTENDED PRODUCER RESPONSIBILITY PROGRAMME (EPR)
APPLICATION FORM FOR PRODUCER RESPONSIBILITY ORGANISATION (PRO)**

AREA OF BUSINESS / SECTOR: _____

1.0 PARTICULARS OF APPLICANT

1.1 Name and Address of Facility

- a) Name: _____
- b) Physical address : _____

- c) GPS co-ordinates (degree decimal) _____
- d) Postal address: _____

- e) Telephone (landline): _____
- f) Mobile Phone: _____
- g) E-mail: _____
- h) Website: _____

1.2 Name and details of contact person

- a) Name: _____
- b) Physical address: _____

- c) Postal address: _____

- d) Telephone (landline): _____
- e) Mobile Phone: _____
- f) E-mail: _____

2.0 LEGAL STATUS OF ORGANISATION AND NATURE OF BUSINESS

2.1 Indicate legal status of organization (Tick relevant option)

- ☐ Sole proprietorship
- ☐ Partnership
- ☐ Public Limited Liability Company
- ☐ Private Limited Company
- ☐ Cooperative Society
- ☐ Others (please specify)

(Attach Certificate of Business Registration, Certificate of Incorporation in Nigeria, Memorandum and Articles of Association, Deed of Partnership, Deed of Trust, as applicable)

2.2 Provide Tax Clearance Certificate for the past three years _____

2.3 Provide information which shows that –

A. The producers are likely to subsist for a period of at least 5 years; and

B. Producers are likely to be able to meet their expected recovery and recycling obligations for the period under consideration.

2.4 How do you ensure that producers meet their obligation regarding market share?

2.5 State the methods or ways in which you will eliminate free rider in the EPR programme

2.6 Indicate how many producers have MoU with you.

2.7 List the recyclers registered with you

2.8 List the collectors registered with you:

2.9 Provide evidence of previous work done in the same capacity (if applicable)

2.10 What awareness programmes do you have in place or intend to have?_____

2.11 Does the PRO belong to any national body? (indicate if any)

2.12 State affiliation with international bodies (if any):

2.13 State your reporting system to NESREA (Feedback Mechanism)

2.14 What type of surveillance system is put in place for:

A. Monitoring

B. Financial System

2.15 State modalities on charges of fees:

2.16 Indicate sector PRO is instrested in:

(Notary Public/Commissioner of Oath and Attestation Required)

I/we hereby declare that the information provided above is to the best of my/our knowledge, true and correct.

Dated this.....day of.....20.....

The common seal of the within named applicant

Has hereunto been affixed in the presence of:

Sign:_____

Sign:_____

Name:
DIRECTOR

Name:
SECRETARY

Sworn to thisDay of.....20.....at.....

BEFORE ME

Notary Public/Commissioner of Oaths

FOR OFFICIAL USE ONLY

- Evidence of payment of registration fee ☐
- Certificate of Incorporation/Memorandum of association. etc ☐
- Tax Clearance ☐
- Evidence of affiliation with any internationally/nationally recognized stewardship organization ☐
- Evidence of registration with a PRO ☐
- Evidence of previous jobs executed ☐
- Schematic drawings, layout of factory/process line ☐

Fee paid Naira(in words).....

Application reviewed by

.....

Signature

Date.....