



**REGISTRATION FORM AS A PRODUCER OF BATTERIES AND  
ACCUMULATORS**  
FORM D

***Please ensure that you have understood your obligations as a producer of batteries and accumulators emanating from S.L. 504.91 – the Waste Management (Batteries and Accumulators) Regulations.***

Your application shall be **accompanied** by:

- A payment of **€35** made payable to Malta Environment and Planning Authority (MEPA);
- A copy of your signed agreement if participating in an authorised Waste Batteries and Accumulators Compliance Scheme;
- A work plan of how you intend to fulfil your obligations, if not a member of a Waste Batteries and Accumulators Compliance Scheme.

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

*Phone: 2290 7240*

*Email: [batteries@mepa.org.mt](mailto:batteries@mepa.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:*

<input type="text"/>	<input type="text"/>
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*Country:*

*Phone/Mobile number:*

*E-mail Address:*

**Company Registration Number:**

**VAT Number:**

**NACE Code of economic activity:**

*(Can be obtained from the National Statistics Office)*

**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]*

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. Brand name and type of Batteries & Accumulators**

*[Please list all brand names of batteries and accumulators you are placing on the market and tick the type/s of batteries and accumulators being placed on the market]*

**Type of Batteries & Accumulators**

**Brand Name/s**

- Portable batteries & accumulators
- Industrial batteries & accumulators
- Automotive batteries & accumulators


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

- Business-to-Business  Business-to-consumer   
 Distance selling  Local Online Retailer

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

Are you a member of an authorised Waste Batteries & Accumulators Compliance Scheme? Yes  No

**If Yes,** please provide:

*Name of the Waste Batteries & Accumulators Compliance Scheme*

*Scheme's membership number*


**If No:**

*Please attach a work plan of how you intend to fulfil your obligations*

**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 by the Contact Person.*

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, including deregistration, in writing and duly signed, within 20 working days of the change.

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>Unit D, MEPA, P.O. Box 200, Marsa, MRS 1000</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 Malta Environment & Planning 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.