



## **Registration Form**

Producers/Retailers/Importers/Distributors/Catering Undertakings for the Beverage Container Refund Scheme

Please ensure that you have understood your obligations as a producer/retailer/importer/distributor/catering undertaking of Refillable Beverage Containers emanating from S.L 549.134 — Beverage Container Recycling Regulations.

Your application shall be accompanied by:

- A one-time payment of €100 made payable to Circular Economy Malta (CEMalta), per beverage type intended to be placed on the market (individually distinguished by product, beverage container material, design or size typology);
- A copy of your ID card/Passport;
- A work plan of how you intend to fulfil your obligations.

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

Phone: 22268200

Email: [info@cemalta.gov.mt](mailto:info@cemalta.gov.mt)

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

FULL Name of Company/Producer:

Trading Name [if different to the above]

Registered address of Company/Producer

Address (Door number/Bui/ding Name  
&  
Street):

|  |  |
|--|--|
|  |  |
|--|--|

Locality & Postcode:

|  |  |
|--|--|
|  |  |
|--|--|

Country:

|  |
|--|
|  |
|--|

Phone/Mobile number:

|  |
|--|
|  |
|--|

E-mail Address:

|  |
|--|
|  |
|--|

Company Registration Number:

[if applicable]

|  |
|--|
|  |
|--|

VAT Number:

|  |
|--|
|  |
|--|

NACE Code of economic activity:

[if available]

|  |
|--|
|  |
|--|

BCRS Membership number:

[if applicable]

|  |
|--|
|  |
|--|

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]

First Name:  Last Name:

Title:

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. Categories, Brand name/s and type of Refillable Beverage Containers\*

Please indicate the following in the table below:

- Brand names of each Refillable Beverage Container you are placing on the market.
- Type of each Refillable Beverage Container (e.g. 500ml bottle) you are placing on the market.
- Barcode of each Refillable Beverage Container you are placing on the market.
- Deposit amount of each Refillable Beverage Container you are placing on the market.

| Brand Name | Type of Refillable Beverage Container | Barcode | Deposit Amount |
|------------|---------------------------------------|---------|----------------|
|            |                                       |         |                |
|            |                                       |         |                |
|            |                                       |         |                |
|            |                                       |         |                |

\*Requested information may be submitted in a separate document attached to this form.



## **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 Agency 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 Agency 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 refillable beverage containers on the market.*

## **Data Protection**

*The General Data Protection Regulation (EU) 2016/679 (GDPR) and the Data Protection Act (Cap 440) regulate the processing of personal data whether held electronically or in manual form. Circular Economy Malta is set to fully comply with the Data Protection Principles as set out in such data protection legislation.*

### **Purposes for collecting data**

*Circular Economy Malta collects and processes information to carry out its obligations in accordance with present legislation. All data is collected and processed in accordance with Data Protection Legislation.*

### **Recipients of data**

*Personal Information is only accessed by those Circular Economy Malta's employees who are assigned to carry out the functions of the Agency. Personal Data will be disclosed to Circular Economy Malta. Disclosure can also be made to third parties but only as authorized by law.*

### **Your rights**

*You are entitled to know, free of charge, what type of information Circular Economy Malta holds and processes about you and why, who has access to it, how it is kept up to date, for how long it is kept, and what the Unit is doing to comply with data protection legislation.*

*The Data Protection Act, the GDPR, and any other related legislation, establish a formal procedure for dealing with data subject access requests. All data subjects have the right to access any personal information kept about them by Circular Economy Malta, either on computer or in manual files. Requests for access to personal information by data subjects are to be made in writing and posted to the Data Controller of Circular Economy Malta. Your identification details such as ID number, name and surname and address have to be submitted with the request. In case we encounter identification difficulties, you may be required to present an identification document.*



*Circular Economy Malta aims to comply as quickly as possible with requests for access to personal information and will ensure that it is provided within a reasonable timeframe and in any case not later than a one month from receipt of request, unless there is good reason for delay. When a request for access cannot be met within a reasonable time, the reason will be explained in writing to the data subject making the request.*

*All data subjects have the right to request that their information is amended, erased or not used in the event the data results to be incorrect.*

Name & Surname

Signature of Applicant

Date (DD/MM/YYYY)

Complete forms are to be handed in or sent by post to:

**Circular Economy  
Malta**

LEVEL 4, MILLENNIA BUILDING, ALDO  
MORO STREET, MARSA

Payments can be made by  
cheque addressed to  
Circular Economy Malta  
or via  
Bank Transfer

IBAN:  
MT41MALT011000040165E  
URCMG50015

*Please send the transfer  
confirmation printout  
together with this form*

**For Office Use Only**

Date Stamp

Producer Registration Number

Accepted  Refused

