CleanFarms
OBSOLETE PESTICIDE COLLECTION CAMPAIGN

BOOKING FORM
FOR UNWANTED AND OBSOLETE PESTICIDES

Please read the guidance and safety notes before completing this form.
Return the completed form to the nearest **MoFA** or **EPA office** or **Farmer Associan Outlets** or Fax the completed form to **021 787052.**

Name		**District**	
Address		**Cellphone**	
		E-mail Address	

I agree to the use of this data for the purposes stated in the guidance notes **Signed:** **Date:**

Product		**Packaging**			**Total**		
Full Product Name	**Manufacturer**	**Type** (Steel, Plastic, Glass, Bag or Other)	**Size** (kg / litres)	**Condition** (Sound or Leaking)	**Number of full / part filled containers**	**Estimate total Quantity**	
						kg	**litres**

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						Kg	Litres

Register of Empty Pesticide Containers

Container type (Steel, Plastic, Glass, Bag or Other)	Container size (kg/litres)	Number of containers (count or estimate)	Triple Rinsed (Yes or No)