

**Statement on Capital Investment of the industry for payment of inspection fee for
Scheduled Waste Management License.**

1. Name of the industry
2. Location Address.....
3. Contact Details
 - i. Name of the contact person.....
 - ii. Position.....
 - iii. Postal Address
 - iv. Tel/Mobile No.
 - v. e-mail
4. Amount of Capital Investment (Please input the existing value in LKR)
 - i. Local.....
 - ii. Foreign.....
 - iii. Total.....

I hereby certify that the particulars furnished by me in this application are true and correct. I am aware that if any particulars herein are found to be false or incorrect my application will be refused and the license, if issued, will be cancelled.

This statement should be submitted with the relevant application.

Date.....

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Signature

Rubber stamp