

Form E: MEETING NEPM OBLIGATIONS AND REPORTING DIRECTLY TO STATE AND TERRITORY GOVERNMENTS

By completing this form, your organisation indicates it is electing to meet its obligations under the [National Environment Protection \(Used Packaging Materials\) Measure 2011 \(the NEPM\)](#), and to report on actions taken to comply with these obligations directly to the regulatory authority in the state or territory in which your organisation is headquartered.

COMPANY DETAILS

Company Name - provide the full entity name as set out within the received letter.

Australian Business Number (ABN) - provide the ABN of the entity listed in the received letter.

Indicate the state or territory of your organisation's registered address.

State or territory where your organisation is headquartered.

Australian Capital Territory	<input type="checkbox"/>	New South Wales	<input type="checkbox"/>
Northern Territory	<input type="checkbox"/>	Queensland	<input type="checkbox"/>
South Australia	<input type="checkbox"/>	Tasmania	<input type="checkbox"/>
Victoria	<input type="checkbox"/>	Western Australia	<input type="checkbox"/>

Follow the links below for more detail about the obligations under the NEPM in each state and territory.

[Click here to find out about NSW NEPM.](#)

[Click here to find out about VIC NEPM.](#)

[Click here to find out about QLD NEPM.](#)

[Click here to find out about SA NEPM.](#)

[Click here to find out about WA NEPM.](#)

[Click here to find out about TAS NEPM.](#)

[Click here to find out about ACT NEPM.](#)

CONTACT:

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EXECUTIVE DETAILS

This form must be completed by a senior executive of the entity listed above. This can be a CEO, CFO, COO, Owner etc.

By signing this form, you acknowledge that the entity listed above has elected to meet obligations under the NEPM and report on this directly to the state or territory government in the jurisdiction in which your company is headquartered. You acknowledge that all details provided are accurate at the time of signing.

Full Name

Position Title

Signature

Date

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