

Take-Back Request Form

In order to ensure that we can provide the appropriate arrangements for the receipt of the take-back of industrial waste batteries and accumulators please complete the following information and email this request to BATS-Recycling@steatite.co.uk. You will be provided with an RMA number and details of the return address for the waste.

If approved, you will be provided with an **RMA number**. Correct packing instructions **MUST** be followed as ADR regulations carry an **unlimited fine, sentenced to 2 years in prison** or both if your cargo fails inspection or causes an incident.

Guidance for each packing instruction depending on **chemistry** and **transportation** type can be found on our website and downloaded: www.steatite-batteries.co.uk/downloads

Please acknowledged that you have downloaded the correct packing guideline from our website and that the take-back meets these requirements: –
Signed _____ (If unsure, please ask for assistance).

Company Name:	
Company Contact:	
Telephone Number:	
Email Address:	

Product Part Number e.g. CB12345	Chemistry Type	Number of Boxes (MAX 25kg per box)	Total Net Weight per Chemistry (KG) (NOT including packaging)
	Lithium-Ion (DGN Required)		
	Lithium-metal (DGN Required)		
	Alkaline		
	NiMH		
	NICD		

Please state if you wish Steatite to arrange collection of the take-back: **Yes / No – Signed** _____

If Yes, Steatite is not responsible for the transportation cost of waste batteries. By signing the above, you are agreeing to accept these costs in the form of an invoice which will be sent to the company contact stated above.

IF COLLECTION IS YES: Please download and complete “**Collection Form**” and return with this Take-Back request.

Steatite Internal Use Only – No Returns Will Be Accepted Until Approved

New Batteries Supplied In Compliance Period:	YES / NO	Date Take-back Request Received:	
Customer Acknowledged Packing Instructions?	YES / NO <small>Ensure Photos received, checked, and approved.</small>	Collection Requested? (if yes, provide to sales team to arrange invoice and collection)	YES / NO
Assigned RMA Number: (Raise on Epicor)		Collection Date Arranged On Customers Behalf (Or state “NA”):	
Return Approved?	YES / NO	Signed Date: (File in Q-Drive – Folder “7”)	

To valued customer, if the take-back has been approved above, please kindly ensure the below;

- CLEARLY DISPLAY THE RMA NUMBER ON THE OUTSIDE OF THIS RETURN.
- ATTACH A COPY OF THIS TAKE-BACK FORM ON THE RETURN, EITHER ON THE OUTSIDE OR INSIDE.

QF 59 ISSUE 11 04/04/2023 – Jason Ponsford