



## Transfer of SLCF monies to an enrolled project

1. Name and registration number of Approved Body making transfer  
AB/ [Redacted]
2. Name and enrolment number of project receiving transfer  
AB/ [Redacted]
3. Transfer date  
or expected transfer date(s)  
[Redacted]
4. Total amount to be transferred  
(if multiple transfers are expected, please  
detail value of each transfer and the  
expected transfer dates)  
£ [Redacted]
5. Name and Permit/ Licence number of the landfill operator(s) who originally made the contribution  
[Redacted]
6. Name and address of any contributing third party in relation to the contribution  
Name [Redacted]  
Address  
Town  
County  
Post code  
[Redacted]
7. Please provide a brief description of the project  
[Redacted]
8. Name of the project  
[Redacted]

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9. Address / location of the project  
Address

Town  
County  
Post code  
NGR (if known)

10. Expected completion date of the project

11. Please select the approved objects that the project aims to achieve  
(please tick all that apply)

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|-----------------|---|--------------------------|
| <b>Object A</b> | The reclamation, remediation, restoration or other operation on land to facilitate economic, social or environmental use.   | <input type="checkbox"/> |
| <b>Object B</b> | Community based recycling, re-use and waste prevention projects.  | <input type="checkbox"/> |
| <b>Object C</b> | To provide, maintain or improve a public park or other public amenity.  | <input type="checkbox"/> |
| <b>Object D</b> | The conservation or promotion of biological diversity through the provision, conservation, restoration or enhancement of a natural habitat or the maintenance or recovery of a species in its natural habitat.  | <input type="checkbox"/> |
| <b>Object E</b> | The maintenance, repair or restoration of a building, other structure or a site of archaeological interest which is a place of religious worship, historic or architectural interest and is open to the public. | <input type="checkbox"/> |
| <b>Object F</b> | The provision of financial, administration and other similar services to bodies enrolled with an approved body.   | <input type="checkbox"/> |

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### Declaration

12. Your signature:

Your Name:

Date:

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## Notes

Regulation 30(1)(g) of the Scottish Landfill Tax (Administration) Regulations 2015 requires you to notify SEPA within 7 days of any transfer of qualifying contributions or income from you. This form should be used to notify us of any transfers of money to a project. Regulation 30(1)(n) requires you to also notify the landfill operator and any contributing third party that you have transferred their contribution to a project. You may send a copy of this form to these parties to comply with this obligation.

Transfer of monies from one Approved Body to another Approved Body or from an Approved Body back to a landfill operator should be notified to SEPA using the [transfer of monies form](#).

This form sets out the statutory information that SEPA requires an Approved Body to provide. Failure to provide this information by the statutory deadline may result in enforcement action being taken.

Please complete this form electronically and return to [SLCF@sepa.pnn.gov.uk](mailto:SLCF@sepa.pnn.gov.uk)

If you would prefer to submit a paper form, please complete in black ink using BLOCK CAPITALS and send to:

SEPA  
SLfT Unit  
Angus Smith Building  
6 Parklands Ave  
Eurocentral  
Holytown  
North Lanarkshire  
ML1 4WQ

Please also keep a copy for your records.

For further information, or if you have any questions on this form, please contact SEPA on **03000 99 66 99** or at [www.sepa.org.uk](http://www.sepa.org.uk)

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