

Questionnaire

Company name: _____

Customer number: _____

Contact person: _____

Telephone: _____

Fax: _____

E-mail: _____

| Collected group | B2C Quantity put on the market (t/year)* | B2B Quantity put on the market (t/year)* |
|--|---|---|
| Group 1 (large household appliances, automatic dispensers) | | |
| Group 2 (refrigerators, freezers) | | |
| Group 3 (IT and telecommunications equipment, consumer equipment) | | |
| Group 5 (small household appliances, lighting equipment, electric and electronic tools, toys, leisure and sports equipment, medical devices, monitoring and control instruments) | | |

* referring to Germany

Remarks: _____

Thank you!

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