

SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR RENEWAL OF REGISTRATION AS A SECOND-HAND GOODS DEALER/ RECYCLER

Section 11 of the Second-Hand Goods Act, 2009 (Act no 06 of 2009)

						ш	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED								E						
OFFICIAL DATE STAMP					¹ SAPS 603 Reference No ² SHG Control System Refere)				NO		YEAR						
(DATE RECEIVED)				ferer					nce No					T							
В.							TY	PE OI	- CER	TIFICA	TE (Inc	dicate with a	n X)								
¹ Certificate to trade as a General Dealer/Pawnbroker								П	² Certificate to trade as an Auctioneer												
³ Certificate to	trade a	as a Je	weller						⁴ Certificate to trade as a Motor Vehicle Dealer												
⁵ Certificate to	trade a	as a So	crap M	etal D	ealer				⁶ Certificate as Recycler ^(only where an application as Dealer was submitted/approved)												
		⁷ Or	iginal	Regis	tration	Certif	icat	e num	ber			Da	ate iss	sued				Ехр	iry da	te	
1																					
C.	C. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS RECEIVED																				
¹ Province																					
² Police station	n																				
³ Component of	code																				
D.					FOR	OFFI	CIA	L USI	BY	ГНЕ РО	LICE	STAT	ION								
¹ Outstanding/A	ddition	al info	rmation	n requ	ired																
² Persal No								-		³ Date					-				-		
											ſ									一	
	⁴ Signat	ure of	Police	Office	er / DS	O					ļ	⁵ Name	e of Po	olice C	officer/	DSO	in b	olock I	etters		
6	Applica	ation f	or Re	gistra	ition ap	oproved	ł					⁷ Appl	icatio	n for I	Regis	tratio	n r	efuse	d		
⁸ Reason(s) for	refusal																_				
																					•••••
					•••••																
										••••••											
⁹ Persal No								-		¹⁰ Date					-				-		
							-				1									$\overline{}$	
¹¹ Signature of Deciding Authority ¹² Deciding Officer ¹³ N								ame o	f Decid	dina A	uthori	itv i	n bloc	k lette	rs						
Orginature of Deciding Authority								ode		140		. 2001	y /٦		· y "	2100					

	E. PARTICULARS OF APPLICANT						
	NATURAL PERSON'S DETAILS						
1	SA citizen Non-SA citizen*						
	*In case of a non-SA citizen proof of permanent residence must be submitted						
2	Surname	³ Initials					
4	Full names						
5	Identity number						
6	Passport number						
7	Residential address						
9		⁸ Postal Code					
40	Name under which business is conducted						
10	Business address	11 Destal Code					
12	Postal address	¹¹ Postal Code					
	i ostal address	¹³ Postal Code					
14	^{14.1} Home Tel No ())	14.2 Cellphone number					
	Contact details 14.3 Business Tel No ()	14.4 Fax No ()					
	^{14.5} E-mail address						
	JURISTIC PERSON'S DETAILS						
15	OTHER BODIES (mark with an X) Company Close	Trust Partnership Other					
	If "Other" indicate the Type of Body						
16	Registered name of Business						
17	"Trading As" name of Business						
18	Registration number (See "Other Bodies")						
19	Postal address of Business						
		²⁰ Postal Code					
21	Business address						
		²² Postal Code					
23	^{23.1} Tel No	^{23.2} Fax No					
	Business contact details 23.3 E-mail address						
24	Responsible person (Name and surname)						
25	Town of siting and in an X) CA siting	zen Non-SA citizen					
26	Identity number of responsible person						
27	Passport number of responsible person	 					
28	Cellphone number of responsible person						
29	Residential address of responsible person						
		³⁰ Postal Code					
31	Postal address of responsible person						
		³² Postal Code					

PARTICULARS OF PERSON(S COR) IN CONTROL OF, OR REPORATION, TRUST OR P	ESPONSIBLE PARTNERS IN	FOR TH	E MANA OF A PAF	GEMENT RTNERSH	OF THE	COMPA	ANY, CLC	SE	
Full names	•	Identity number Capacity								
F.		OTHER DE	TAILS							
Are you a member of an accredited	association? (Indicate with an	1X) YES		NO	Т	If yes, si	ubmit the	e following	g deta	ils:
Name of accredited association										
Registration number of accredited	association									
Membership number		^{4.1} Date	oined			-		-		
		^{4.2} Expir						-		L
Is a copy of the applicable Government	nent Gazette attached ind	icating exemp	otions?	YES	NO)	If no,	state reas	sons v	vhy
Was your application handed in no before the termination of the existin			00 days	YES		NO		If no, state why	e reas	ons
		Reasons								
Was your application handed in aft the existing registration certificate?	er the due date, but befo	re the termina	ation of	YES		NO		If yes, sta		
		Reasons								
Was your application handed in aft	er the termination of the	existing regi	stration	YES		NO		If yes, sta		
certificate?		Reasons			<u> </u>		4	reasons v	vny ——	
		TOUSONS								

13		Are there currently any	y applica	ation(s) for registration pending in terms of the Act ? (Indicate with an X)
	YES	NO		If yes, submit the following details:
	Police station			Reference number
	Police station			Reference number
14		Was any applicati	on in ter	rms of the Act refused in the past five (5) years? (Indicate with an X)
	YES	NO		If yes, submit the following details:
14.1	Business name			^{14.2} Business address
14.3	Police station			14.4 Reference number
15	respect of any c	ases of fraud, theft or 2 of 2004), or any cont	corrupt	he RSA or elsewhere been sentenced to imprisonment without the option of a fine in activities as referred to in the Prevention and Combatting of Corrupt Activities Act, on of the Corruption Act, 1992 (Act No. 94 of 1992), or the commission of any other which dishonesty is an element ? (Indicate with an X)
	Yes	No		If yes, submit the following details
15.1	Police station			15.2 CAS/Case number
15.3	Charge			
15.4	Outcome			
15.5	Police station			15.6 CAS/Case number
15.7	Charge			
15.8	Outcome			
16	Have you eve	er in the preceding five	(5) yeaı	rs been convicted of an offence in terms of this Act irrespective of the sentence imposed? (Indicate with an X)
	Yes	No		If yes, submit the following details:
16.1	Police station			^{16.2} CAS/Case number
16.3	Offence			
16.4	Police station			^{10.5} CAS/Case number
20.6	Offence			
17		Have you been decla	red an ι	un-rehabilitated insolvent in the past five (5) years? (Indicate with an X)
	Yes	No		If yes, submit the following details:
17.1	Date of seq	uestration or liquidation		
17.2	Details of se	questration or liquidation	1	
18	Have you by	virtue of any other law	been d	isqualified from carrying on a business in the past five (5) years? (Indicate with an X)
	Yes	No		If yes, submit the following details:
18.1	Details of suc	ch law and disqualification	n	
19	Provi	de any other informati	on whicl	h may have an influence on the consideration of this renewal application
		-		

G.	CICNATURE OF ARRUGANT I	POLICE OFFICIAL AND WITNESS
G.	SIGNATURE OF AFFLICANT, I	TOLICE OFFICIAL AND WITNESS
I hereby de	eclare that I am aware that it is an offence in terms of section 32	(1)(c) and (d) of the Second-Hand Goods Act, 2009 (Act No 6 of 2009)
to make a	false statement in this application.	1.2 Date
		13 November 14 November 15 Nove
	1.1 PHOTO OF APPLICANT	^{1.3} Name and surname of applicant in block letters
		^{1.4} Place
		15.00
		^{1.5} Signature of applicant
PARTIC	ULARS OF POLICE OFFICIAL DEALING WITH APPLICATION	4
Nam	e of Police Official in block letters	2.2 Persal number of Police Official
	(D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	24 0:
Rank	c of Police Official in block letters	^{2.4} Signature of Police Official
	PARTICULARS OF WITNESS	
		3.2 Persal number of witness
Initials		
	and Surname of witness in block letters	Persai number of witness
	and Surname of witness in block letters	Persai number of witness

	H. (This section must I	PA be completed only if the	ARTICULA applicant ca					ndersta	nd the c	ontent	of thi	s form	1)	
1	Name and surn	ame of interpreter												
2	Identity/Passport r	number of interpreter												
3	Residential address of inter	rpreter			•		•		•	•		•		
									⁴ Po:	stal Co	ode			
5	Postal address of interpr	eter												
									⁶ Pos	stal Co	ode			
7		^{7.1} Home Tel No ()			7.2 Cellph	none n	umber	()				
	Contact details of interpreter	^{7.3} Work Tel No ()			^{7.4} F	ax No		()				
		7.5 E-mail address												
8	Interpreted from (language)					To ^(language))							
					9	Date				-			-	
10					11	Place								
	Signature of Int	terpreter					_							
12												-		
	Rank of Interpreter i	n block letters ^{(if applicable}	2)			1	³ Pe	rsal nur	mber of o	of Inte	prete	er ^{(if app}	olicable)	
	I. F	OR OFFICIAL USE	BY THE DE	ESIGNA	ATED	SECOND	-HAN	D GO	DDS OF	FICE				
1		RECOMM	ENDATION	N REGA	ARDIN	IG THE AI	PPLIC	OITA	N (Indicate	with ar	X)			
1.1		Registration recommend				Re	newal	of Reg	istration	not re	comn	nende	d	
1.2	Reasons for recommendat	tion (See Regulation 7(1), whe	re applicable)											

ŀ			
ŀ			
ŀ			
]			
Ì			
ŀ			
ŀ			
- [
Ì			
ľ			
ŀ			
}			
ļ	***		
2	Additional conditions recommended (if any)		
ſ			
Ì			
ŀ			
ŀ			
}			
ļ			
ļ			
ľ			
ŀ			
ŀ			
ŀ			
ļ			
ſ			
ŀ			
L			
3		4	Date
L	Name of Ballaci C. (1990)		
	Name of Police Officer/ DSO in block letters	- ·	
5		6	Place
Ĺ	Rank of Police Officer/ DSO in block letters	_	
_			
7			
	Signature of Police Officer/ DSO		Persal number of Police Officer/ DSO

9	Comments by Deciding Authority (if any)			
			••••••	
			••••••	
			••••••	
			•••••	
			••••••	
10		7	11	Data
	Name of Deciding Authority in block letters	_	"	Date
12		7	13	Disco
	Rank of Deciding Authority in block letters	_	13	Place
	Name of Deciding Additionly in block letters		-	
14			15	
	Signature of Deciding Authority			Persal number of Deciding Authority