



SECOND-HAND DEALERS & PAWN BOARD

ASSOCIATION INCORPORATED IN TERMS OF SECTION 21
REG: 2000/002525/08

T.P.R. / S.D.P.B.
P.O. BOX 5334
KOCKSPARK
POTCH, 2523
TELEPHONE NUMBER:
018-297-3515
FAX: 086-563-9116
E-MAIL:
sdpb-tpr@pawnsecboard.co.za

APPLICATION FOR MEMBERSHIP CONFIDENTIAL

APPLICATION FOR EACH SEPARATE BUSINESS MUST BE COMPLETED

NEW CURRENT BRANCH

REF. NO.
(OFFICE USE ONLY)

REGISTRATION WITH AN ACCREDITED ASSOCIATION IS A VOLUNTARY AND NOT COMPULSORY OPTION. THE ASSOCIATION MAY DECLINE AN APPLICANT IF AN APPLICATION / BUSINESS HAVE BEEN DE-REGISTERED AS A MEMBER OF THIS ASSOCIATION IN THE PAST.

1. **BUSSINESS / TRUST / COMPANY NAME**

DATE ESTABLISHED / FOUNDED: _____
SARS REGISTRATION NUMBER: _____
OFFICE ISSUED: _____

2. **TICK WHERE APPLICABLE**

A) SOLE OWNER:	<input type="checkbox"/>	REG. NR:	_____
B) PARTNERSHIP:	<input type="checkbox"/>	REG. NR:	_____
C) COMPANY	<input type="checkbox"/>	REG. NR:	_____
D) TRUST	<input type="checkbox"/>		

3. **MEMBERSHIP OF AN ASSOCIATION OF GENERAL DEALERS**

3.1.1 IN TERMS OF THE REGULATIONS FOR AN ACCREDITED SECOND-HAND GOODS DEALER ASSOCIATION, NO ASSOCIATION OF GENERAL DEALERS MAY ACCEPT AS A MEMBER OF THAT ASSOCIATION

- A DEALER WHO DEALS PRIMARYLY IN VEHICLES OR GOODS RELATING TO VEHICLES WITH EXCEPTION OF A PAWNBROKER WHO DEALS IN VEHICLES AS PART OF THE GENERAL IN SECOND-HAND GOODS
- A RECYCLER OR OTHER DEALER WHO DEALS PRIMARYLY IN CONTROLLED METALS
- A JEWELLER WHO DEALS EXCLUSIVELY IN JEWELLERY
- A SCRAP METAL DEALER WHO DEALS PRIMARYLY IN SCRAP METAL

3.1.2 THE NATIONAL COMMISSIONER (SAPS) MAY, ON GOOD CAUSE SHOWN, DISPENSE WITH ANY OF THE PROVISIONS OF SUB REGULATION (1)

3.1.3 **TYPE / CATEGORIE BUSINESS IN WHICH TRADE IS / OR TO BE CONDUCTED IN**

MARK

A) GENERAL SECOND-HAND DEALER (PAWN EXCLUDED) / AUCTIONEER –ALL CLASSES AND SORT OF SECOND-HAND GOODS

B) GENERAL SECOND-HAND DEALER & PAWNBROKER / AUCTIONEER

ALL CLASSES AND SORT OF SECOND-HAND GOODS AS PER SECHEDULE 1 ACT 6/2009

C) SECOND-HAND MOTOR VEHICLE / MOTORCYCLE / AIRCRAFT / BOAT TRAILORS / CARAVANS / SPARES / OTHER SPARES AND ACCESSORIES AS PART OF / INCLUSIVE OF PAWNBROKER / GENERAL DEALER / AUCTIONEER

EXCLUDING A PRIMARYLY DEALER

D) FLEA MARKET OPERATOR

TYPE OF GOODS?

E) SECOND-HAND JEWELRY (PURCHASE, PAWN, SWOP / SELLING AS PART OF / INCLUDED IN NORMAL BUSINESS ACTIVITIES AS PAWNBROKER / SECOND-HAND DEALER / AUCTIONEER EXCLUDING A PRIMARYLY DEALER IN JEWELLERY

- F) AGRICULTURAL IMPLEMENTS INCLUDING TRACTORS, PLOUGHS AND HARVESTERS OR ANY PART OR ACCESSORY THEREOF
- G) BICYCLES OR ANY PART OR ACCESSORY THEREOF
- H) HOUSEHOLD AND OFFICE EQUIPMENT
- I) FACTORY EQUIPMENT AND MACHINERY OR ANY PART OR ACCESSORY THEREOF
- J) TYRES OF ANY VEHICLE OR MOTORCYCLE
- K) COMMUNICATION EQUIPMENT OR ANY PART OR ACCESSORY THEREOF
- L) ANTIQUE GOODS, ART AND COLLECTABLES
- M) SPORTING EQUIPMENT
- N) VALUABLES AND COLLECTABLES
- O) BOOKS
- P) SHOP-FITTING EQUIPMENT

- Q) OTHER – DECLARE

- R) _____
- S) _____
- T) _____
- U) _____

4. BUSSINESS ADDRESS:

POSTAL: _____

TOWN: _____

CITY: _____

CODE: _____

STREET ADDRESS: _____

SUBURB: _____

CITY / TOWN: _____

CODE: _____

5. **COMMUNICATION (COMPULSARY)**

(REQUIREMENT TO LOG ON TO THE WEBSITE OF THE SDPB - MEMBERS ONLY))

BUSSINESS: (LANDLINE) _____

BUSSINESS FAX: _____

CELLPHONE: _____

E-MAIL: _____

PROVINCE: _____

CONTACT PERSON(S):

OWNER(S) A) _____

RESPONSIBLE PERSONS(S) B) _____

COMPULSARY

6. **INTERNET / ELECTRONIC COMMUNICATION**

ARE YOU IN POSSESSION OF A COMPUTER? YES _____ NO _____

ARE YOU IN POSSESSION OF A MOBILE DEVICE? YES _____ NO _____

COMPULSARY

7. **SAPS CERTIFICATE TO TRADE IN SECOND-HAND GOODS - ACT 23 OF 1955 / ACT 6 OF 2009**

NEW BUSINESS		CURRENT BUSINESS		BRANCH	
FROM DATE:		FROM DATE:		FROM DATE:	

SAPS CERTIFICATE NO / REF: _____

(COPY OF CERTIFICATE OR SAP APPLICATION RECEIPT TO BE SUBMITTED)

CITY - TOWN: _____

SUBURB: _____

POLICE STATION: _____

SAPS TEL. NO.: _____

8. **OTHER INSTITUTION (S) WHERE YOUR BUSINESS IS REGISTERED / A MEMBER**

- A) _____ **REG. NO:** _____
- B) _____ **REG. NO:** _____
- C) _____ **REG. NO:** _____
- D) _____ **REG. NO:** _____
-
-

9. **MEMBERSHIP - DEREGISTRATIONS**

- A) IS THIS BUSINESS / BRANCH / ADDITIONAL NEW BUSINESS CURRENTLY REGISTERED AS A MEMBER OF THE S.D.P.B.

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
- B) HAVE THIS BUSINESS BEEN DEREGISTERED BY THE S.D.P.B. WITHIN THE PREVIOUS PAST 10 YEARS?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
- C) YEAR _____ DEREGISTERED
REASON: _____

-
-

10. **PARTICULARS MAIN APPLICANT 1 (ACCOUNTABLE PERSON)**

NAME: _____

SURNAME: _____

I.D. NO.: _____

RESIDENTIAL ADDRESS: _____

TOWN: _____

CITY: _____

CODE: _____

CONTACT NR: _____

I declare that I do not have previous criminal convictions in which dishonesty was an element.

Signature

TELEPHONE NUMBERS – MAIN APPLICANT

BUSSINESS: (LANDLINE) _____

BUSSINESS FAX: _____

CELLPHONE: _____

E-MAIL: _____

(REQUIREMENT)

11. CO-OWNERS, APPLICANT'S

(PART OF THE DAY TO DAY CONTROL / MANAGEMENT OF THE BUSINESS)

(MUST BE REGISTERED AT SAPS IN TERMS OF ACT 6/2009 "A RESPONSIBLE PERSON")

11.1) NAAM / NAME: _____

SURNAME: _____

I.D. NO.: _____

RESIDENTIAL ADDRESS: _____

TOWN: _____

CITY: _____

CODE: _____

CONTACT NR: LANDLINE _____ CELL: _____

I declare that I do not have previous criminal convictions in which dishonesty was an element.

SIGNATURE: _____

11.2) NAME: _____

SURNAME: _____

I.D. NO.: _____

RESIDENTIAL ADDRESS: _____

TOWN: _____

CITY: _____

CODE: _____

CONTACT NR: LANDLINE _____ CELL: _____

I declare that I do not have previous criminal convictions in which dishonesty was an element.

SIGNATURE: _____

11.3) NAME: _____

SURNAME: _____

I.D. NO.: _____

RESIDENTIAL ADDRESS: _____

TOWN: _____

CITY: _____

CODE: _____

CONTACT NR: LANDLINE _____ CELL: _____

I declare that I do not have previous criminal convictions in which dishonesty was an element.

SIGNATURE: _____

11.4) **MANAGER / RESPONSIBLE PERSON**

(PART OF THE DAY TO DAY CONTROL / MANAGEMENT OF THE BUSINESS)

(MUST BE REGISTERED AT SAPS IN TERMS OF ACT 6/2009 "A RESPONSIBLE PERSON")

NAME: _____

SURNAME: _____

I.D. NO.: _____

RESIDENTIAL ADDRESS: _____

TOWN: _____

CITY: _____

CODE: _____

CONTACT NR: LANDLINE _____ CELL: _____

I declare that I do not have previous criminal convictions in which dishonesty was an element.

SIGNATURE: _____

12. **COMPULSARY:** **ATTACHE COPIES AND FAX TO THE S.D.P.B. 086-563-9116**

A) SARS REGISTRATION CERTIFICATE

B) SAPS CERTIFICATE OR COPY OF PROOF OF APPLICATION

C) DECLARATION OF ZONED COMERCIAL AND OR BUSINESS SITE (SEE ANNEXURE “B”)
(IF SAPS CERTIFICATE IS ATTACHED, NO NEED FOR LOCAL AUTHORITY STAMP)

D) PAWNBROKERS - NATIONAL CREDIT REGULATOR PROOF OF REGISTRATION (IF NOT REGISTERED, AN AFFIDAVIT WITH WRITTEN REASONS WHY NOT REGISTERED)

E) COPIES OF CURRENT PAWN AGREEMENT, PURCHASE - AND LAY-BUY DOCUMENTS

IT IS COMPULSARY TO USE THE SAPS APPROVED DOCUMENTS OF THE S.D.P.B. – THE USE OF NON-APPROVED DOCUMENTS WILL DISQUALIFY A MEMBER FOR ASSISTANCE IN TERMS OF CONSUMER DISPUTES / CLAIMS

(PART 1)

13. **CONFIRMATION AND DECLARATION**

I/ WE AGREE AND CONFIRM THAT THE RULES AND CODE OF CONDUCT AVAILABLE ON THE WEBSITE OF THE SDPB HAVE BEEN STUDIED BY THE APPLICANT / RESPONSIBLE PERSON(S). (ANY FALSE OR INCORRECT INFORMATION WILL CAUSE IMMEDIATE CANCELLATION OF MEMBERSHIP)

- 13.1 I / WE TAKE NOTICE THAT THE S.D.P.B. (ASSOCIATION) IS NOT COMPELLED TO REGISTER, ACCEPT, AND APPROVE ANY APPLICATION OR APPLICANT
- 13.2 I / WE TAKE NOTICE THAT NO APPLICATION FEES (R200-00) TO REGISTER WILL BE REFUNDABLE IRRESPECTIVE THE APPROVAL / NON-APPROVAL OF THIS APPLICATION.
- 13.3 I / WE TAKE NOTICE THAT IN CASE OF DE-REGISTRATION / CANCELLATION OF MEMBERSHIP, NO REFUNDS WILL BE PAYABLE BY THE ASSOCIATION REGARDING MEMBERSHIP FEES. ALL BENEFITS, RIGHTS TO USE THE COPYRIGHTED DOCUMENTS AND RECORD SYSTEMS OF THE S.D.P.B. AND GRANTED EXEMPTIONS FOR MEMBERS ONLY IN TERMS OF ACT 6/2009, WILL BE CANCELLED.
- 13.4 I/WE UNDERTAKE AND AGREE TO ABIDE BY THE CODE OF CONDUCT AND RULES OF THE (ASSOCIATION) BOARD. (AVAILABLE ON www.pawnsecboard.co.za)
- 13.5 I/WE DECLARE TO COMPLY WITH SECTION 10 (REGULATIONS) OF ACT 6/2009, ALL RELEVANT APPLICABLE LEGISLATION, LAWS, BY-LAWS, REGULATIONS OF THE RSA, INCLUDING IMPORT / EXPORT REGULATORY REQUIREMENTS.
- 13.6 I/WE AGREE TO COMPLY WITH THE REQUIREMENTS OF ACT 6/2009 ANY EXEMPTIONS GRANTED FOR MEMBERS ONLY. (AVAILABLE ON www.saps.org.co.za)
- 13.7 I / WE DECLARE THAT THIS BUSINESS OPERATES FROM AN APPROVED, LEGAL, ZONED BUSINESS SITE AS DECLARED IN ANNEXURE “B”
- 13.8 I/WE AGREE TO THE CONDITIONS IN TERMS OF COPYRIGHT AS PER ANNEXURE “A”

SIGNATURE(S):

DATE: _____

1. _____
OWNER / CEO / MAIN APPLICANT

2. _____
CO-OWNER

3. _____
CO-OWNER

4. _____
RESPONSIBLE PERSON / MANAGER

5. _____
WITNESS

NAME & SURNAME

COMPLIANCE – ANNEXURE “A” (PART 2)

**RULES AND CONDUCT OF THE S.D.P.B.
COMPULSARY
AGREEMENT & ACKNOWLEDGEMENT OF COPY RIGHTS**

I / We (owner(s) / accountable person _____
take notice of the terms and conditions of all S.D.P.B. copyrights, vested in all print work, designs, systems, registers and records as provided exclusively to members with valid proof of membership. Re-printing and copying of any of the above mentioned, is strictly prohibited. Written confirmation / authorization must be obtained for alterations or modifying of copyrighted documents which are the intellectual property of the Second-hand Dealers & Pawn Board Association.

Any breach of copyright will constitute in immediate de-registration and a civil claim action will be taken. See copyrights explained by acknowledgement of Adv. Brad Templeton on our website under member’s login.

The documents and registers of the S.D.P.B. for members are approved by SAPS National (SAPS Accreditation T04/2012). The benefit of utilizing the copyrighted property of the S.D.P.B. ceases with de-registration or cancellation of membership.

NB!

No assistance will be given to any member in case of prosecution or complaints lodge against a member if a member does not utilize the documents / systems of the S.D.P.B. meaning a member that utilize his/her/their own/ non accredited documents / systems.

SIGNED and CONFIRMED on this _____ day of _____ 20____ at
_____ h _____ at (place) _____

OWNER

ACCOUNTABLE PERSON

NAME & SURNAME

NAME & SURNAME

WITNESS

NAME & SURNAME

COMPLIANCE – ANNEXURE “B” (PART 3)

**ACT 23 OF 1955 AND ACT 6 OF 2009
(Suitable premises for trade in Second-hand Goods)**

**CONFIRMATION / DECLARATION STATEMENT
SAPS POLICE STATION IN WHICH THE BUSSINESS IS LOCATED:**

CITY / TOWN
SAPS STATION

NEW BUSINESS		CURRENT BUSINESS		BRANCH	
---------------------	--	-------------------------	--	---------------	--

STATEMENT BY: **PROPERTY OWNER** **LESSEE** **LESSOR**

A) **NAME OF BUSINESS:** _____

STREETADDRESS: _____

SUBURB: _____

TOWN: _____

CODE: _____

CONTACT NR. **LANDLINE:** _____ **CELL PHONE:** _____

CATEGORY OF TRADE: _____

B a) It is confirmed herewith and declared that the business / trade are to be conducted from above mentioned street address, Paragraph A, which premises are legally zoned and approved as a business premises by local Government.

(Municipality / City Council of): _____
(Excluded private dwelling, residential site or building not approved for business)

b) It is herewith confirmed that this business premises are suitable and adequate for the trade in Second-hand Goods
Categories (type of goods):

* _____
* _____

I / we declare that above declaration is correct and true in this statement, signed this ____ day of _____ 20____

Signed _____

Owner / Lessee / Lessor

INITIALS & SURNAME