

SECOND – HAND DEALERS AND PAWN

Registration No : 2025 / 133306 / 07

Accredited SAPS Dealer No: T / 004 / 2012

SDPB

Tel: (018) - 297-3515

Cell / Whatsapp No: 079-107-2153

Email: sdpb-tpr@pawnsecboard.co.zaAddress: 6 Rietbok Street, Greenhills
Randfontein, 1759**Application for membership – Confidential**

NEW		CURRENT		BRANCH(ES)	
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Reference 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. BUSINESS / TRUST/ COMPANY:***(If multiple businesses or branches are operated, each must submit a application form)*Date established: SARS Registration Number: *(Please attach proof of SARS Registration)*Tick were applicable: ☒ Mark - XSole Owner: ☐ Partnership: ☐ Company ☐ Trust ☐Company Registration No: *(Please attach proof of CIPC Registration)***2. BUSINESS ADDRESS:****IMPORTANT: All business premises must be registered with the SAPS. If a business****operates from multiple locations, each address must be registered separately, and the SAPS must issue a certificate for each premises.**Business Address: Town: City: Postal Code: **3. BUSINESS CONTACT DETAILS:**Business Landline: Business Cell phone: Email: Name of Contact Person during business hours: **OTHER INSTITUTION(S) WHERE YOUR BUSINESS IS REGISTERED AS A MEMBER:**

A) Name of Institution	<input type="text"/>	Reg No:	<input type="text"/>
B) Name of Institution	<input type="text"/>	Reg No:	<input type="text"/>
C) Name of Institution	<input type="text"/>	Reg No:	<input type="text"/>
D) Name of Institution	<input type="text"/>	Reg No:	<input type="text"/>

4. MEMBERSHIP - DEREGISTRATIONS:

3a) Have this business been deregistered by the S.D.P.B. within the previous past 10 years?

Yes: ☐ No: ☐ Year Deregistered: 3b) Reason for deregistration:

5. MEMBERSHIP OF AN ASSOCIATION OF GENERAL DEALERS:

5.1 In terms of the regulations for an Accredited Second-Hand Goods Dealer Association, no Association, no Association of general dealers may accept as member of that association:

- * a dealer who deals primarily in vehicles of goods relating to vehicles with exception of a pawnbroker, General Dealer and Auctioneer who deals in vehicles as part of the general in Second-Hand Goods.
- * a recycler or other dealer who deals primarily in controlled metals
- * a jeweler who deals exclusively in jewellery
- * a scrap metal dealer who deals primarily in scrap metal

5.1.1 The National Commissioner (SAPS) may, on good cause shown, dispense with any of the provisions of sub regulation (1)

5.2 SELECT ONE TYPE / CATEGORY IN WHICH TRADE IS / OR TO BE CONDUCTED:

	Mark - X
A) General Second-Hand Dealer <i>(Pawn excluded - buy and sell all classes/sort of Second-Hand Goods as per schedule 1 Act 6/2009)</i>	<input type="checkbox"/>
B) General Second-Hand Dealer <i>(Pawn included - buy and sell all classes/sort of Second-Hand Goods as per schedule 1 Act 6/2009)</i>	<input type="checkbox"/>
C) General Second-Hand Dealer & Auctioneer <i>(Including pawn/auction included - buy and sell all classes/sort of Second-Hand Goods as per schedule 1 Act 6/2009)</i>	<input type="checkbox"/>
D) General Second-Hand Dealer & Auctioneer <i>(Excluding pawn/auction included - buy and sell all classes/sort of Second-Hand Goods as per schedule 1 Act 6/2009)</i> EXCLUDING PRIMARILY DEALER	<input type="checkbox"/>
E) Flea market Operator Type of goods: _____ _____ _____	<input type="checkbox"/>
F) Second-hand Jeweler Purchase, pawn, swop, selling as part of / includes in normal business activities as pawnbroker / Second-Hand dealer / auctioneer EXCLUDING PRIMARILY DEALER	<input type="checkbox"/>
G) Agricultural implement including tractors, ploughs, and harvesters or any part or accessory thereof	<input type="checkbox"/>
H) Household and office equipment	<input type="checkbox"/>
I) Factory equipment	<input type="checkbox"/>
J) Factory equipment and machinery or any part or accessory thereof	<input type="checkbox"/>
K) Second-Hand motor vehicles, motorcycles, trailers, boats aircrafts, boats, (and any spares and accessories thereof)	<input type="checkbox"/>
L) Communication Equipment or any part or accessory thereof	<input type="checkbox"/>
M) Antique goods, art and collectables	<input type="checkbox"/>
N) Sporting Equipment	<input type="checkbox"/>
O) Valuables and collectables	<input type="checkbox"/>
P) Books	<input type="checkbox"/>
Q) Shop-Fitting Equipment	<input type="checkbox"/>

R) Other - Declare

S) _____

T) _____

U) _____

V) _____

6. COMMUNICATION AND CLIENT CONTRACTS/BOOKS/REGISTERS:

Mark - X

(requirement to log on to the website of the S.D.P.B. - members only)

Are you in a possession of computer? Using a computer program?

Yes: ☐ No: ☐ Program Name:

Will you be using/order S.D.P.B. books and contracts that are accredited with the SAPS?

Yes: ☐ No: ☐ If no, reason:

IMPORTANT: It is compulsory for members of the S.D.P.B. to use SAPS approved documents/books/registers/computer program of the S.D.P.D. - the use of non-approved/accredited documents will disqualify a member for assistance in terms of consumer disputes / complaints / claims.

Are you in a possession of a business cellphone ?

*(requirement to add on members whatsapp group)*Yes: ☐ No: ☐

Please add 2 members contact details to be added on whatsapp group: (SDPB Members info group)

Name / Surname:	<input type="text"/>	Business Cell phone:	<input type="text"/>
Name / Surname:	<input type="text"/>	Business Cell phone:	<input type="text"/>

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

New Business:	<input type="text"/>	Need assistance to register new company with SAPS:	<input type="checkbox"/> Y	<input type="checkbox"/> N
(From Date/Year:)	<input type="text"/>			
Current Business:	<input type="checkbox"/> Y	<input type="checkbox"/> N	Branch:	<input type="checkbox"/> Y
(From Date/Year:)	<input type="text"/>			<input type="checkbox"/> N
		(From Date/Year:)	<input type="text"/>	

Applicable to Current Business / Branch:*(Please attach copy of SAPS Certificate)*

SAPS CERTIFICATE NO /REF NO :

Valid Date from: until

City - Town:

Suburb:

Police Station:

8. PARTICULARS APPLICANT 1 :*(Director /Accountable person/Natural person)**(attach copy of id)*

Title:	<input type="text"/> Mr. / Miss /Mrs.	Full Names:	<input type="text"/>		
Surname:	<input type="text"/>	ID No:	<input type="text"/>	Passport No:	<input type="text"/>
Residential Address:	<input type="text"/>				
Town:	<input type="text"/>	City:	<input type="text"/>		
Province:	<input type="text"/>	Postal code:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Landline:	<input type="text"/>	Cell no:	<input type="text"/>		
E:mail:	<input type="text"/>				

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

Signature:

Date:

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(Applicable if more than 1 Director/ Natural Person)

8.1 PARTICULARS APPLICANT 2 :

(Director /Accountable person/Natural person)

(attach copy of id)

Title:	Mr. / Miss /Mrs.	Full Names:			
Surname:		ID No:		Passport No:	
Residential Address:					
Town:		City:			
Province:		Postal code:			
Landline:		Cell no:			
E:mail:					

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

Signature: _____

Date: _____

8.2 PARTICULARS APPLICANT 3 :

(Director /Accountable person/Natural person)

(attach copy of id)

Title:	Mr. / Miss /Mrs.	Full Names:			
Surname:		ID No:		Passport No:	
Residential Address:					
Town:		City:			
Province:		Postal code:			
Landline:		Cell no:			
E:mail:					

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

Signature: _____

Date: _____

9. MEMBERSHIP AT NCR:

(APPLICABLE TO PAWNBROKERS ONLY)

New Business:		Need assistance to register at NCR:	Y	N
(From Date/Year:)				
Current Business:		NCR Reg No:		
(From Date/Year:)				

(Please attach copy of NCR Certificate)

IMPORTANT: The use of computer programs, books / registers, or other materials for contracts that is not accredited by SAPS - S.D.P.B. cannot assist if SAPS/NCR have any queries or issues.

I, hereby declare that I do understand for any pawn transactions, I need to be registered with NCR.

Signature(s):

Date signed: _____

1. Signature : Applicant(Director) / Natural Person 1

Name and Surname: _____

2. Signature : Applicant(Director) / Natural Person 2

Name and Surname: _____

3. Signature : Applicant(Director) / Natural Person 3

Name and Surname: _____

(Accountable person(s))

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FORM CPL001

10. PARTICULARS OF MANAGER / RESPONSIBLE PERSON (EMPLOYEE) :

(Part of the day tot day control / management of the business) - Must be registers as SAPS in terms of the act 6 of 2009)

Title:	Mr. / Miss /Mrs.	Full Names:			
Surname:		ID No:		Passport No:	
Residential Address:					
Town:		City:			
Province:		Postal code:			
Landline:		Cell no:			
E:mail:					

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

Signature: _____ Date: _____

10. 1 PARTICULARS OF MANAGER / RESPONSIBLE PERSON (EMPLOYEE) 2 :

(Part of the day tot day control / management of the business) - Must be registers as SAPS in terms of the act 6 of 2009)

Title:	Mr. / Miss /Mrs.	Full Names:			
Surname:		ID No:		Passport No:	
Residential Address:					
Town:		City:			
Province:		Postal code:			
Landline:		Cell no:			
E:mail:					

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

Signature: _____ Date: _____

10. 2 PARTICULARS OF MANAGER / RESPONSIBLE PERSON (EMPLOYEE) 3 :

(Part of the day tot day control / management of the business) - Must be registers as SAPS in terms of the act 6 of 2009)

Title:	Mr. / Miss /Mrs.	Full Names:			
Surname:		ID No:		Passport No:	
Residential Address:					
Town:		City:			
Province:		Postal code:			
Landline:		Cell no:			
E:mail:					

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

Signature: _____ Date: _____

CONFIRMATION AND DECLARATION**COMPLIANCE - PART 1**

I / We agree and confirm that the rules and code of conduct available on the website of the S.D.P.B. have been studied by the applicant (s) / responsible person(s). Any false or incorrect information will cause immediate cancellation of membership.

1. I / We take note that the S.D.P.B. Association is not compelled to register, accept, and approve any applicant.
2. If Application is approved, a registration Fee will be applicable (this will include a starter pack with documents regarding the compliance requirements of the Act 6/2009, as well as laminated posters for display in the business premises.
3. A yearly fee will be payable with registration fee. This will include updates on website / members whatsapp group. Each member gets login details only for registered members. Offer ongoing support and guidance on the Act's procedures and facilitate constructive and cooperative relationship with the SAPS.
Any other Legal Advice (personal/business related) from Getting Legal for members.
Use of books that are accredited and approved by SAPS / NCR. **Second hand Dealers and Pawnboard are the ONLY association for books/registers that are accredited with SAPS. (see website)**
4. SDPB reserves the right to increase the annual fee if necessary.
5. I / We take notice that in the case of de-registration / cancellation of membership, no refunds will be payable by the association regarding membership fees. All benefits, rights to use copyright 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. Cancellation must be done in 60 day notice before members registration renewal fees. **(pro-rata penalties for yearly late renewal fees)**
6. I / We undertake and agree to abide by the code of conduct and rules of the Second-hand Dealer and Pawn board (S.D.P.D). **(Available on www.pawnsecboard.co.za and starter pack)**
7. I / We declare to comply with section 10 Regulation of Act 6/2009, all relevant applicable legislation, by-laws, regulations of the RSA, including import /export regulatory requirements.
8. 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)**
9. I / We declare that this business operates from an approved, legal, zoned business site as declared in Annexure "B" (Page 7)
10. I / We agree to the conditions in terms of the copyright as per Annexure "A" (Page 6)

Signature(s): _____ **Date signed:** _____

1. Signature : Applicant(Director) / Natural Person 1

Signature : Employee / Responsible Person 1

2. Signature : Applicant(Director) / Natural Person 2

Signature : Employee / Responsible Person 2

3. Signature : Applicant(Director) / Natural Person 3

Signature : Employee / Responsible Person 3

(Accountable person(s))

SECOND-HAND PAWN DEALERS & PAWNBOARD - S.D.P.B. COPYRIGHT - SAPS ACCREDITATION NO: T/004/0012

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

I / We (owner (s) / accountable person (s)) take notice of the terms and conditions of all S.D.P.B. copyrights, vested in all print work, designs, systems books/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 copyright to ALL documents which are the intellectual property of the Second-hand Dealers & Pawn Board.

Accredited No: T/004/0012

Any breach of copyright will constitute in immediate de-registration and a civil action claim will be taken. Legal action and prosecution will be pursued against the responsible party, including all associated legal costs . *See all copyrights acts, and explained by acknowledgement of Adv. Brad Templeton on the website under member's login.*

The documents, books/registers of the S.D.P.B. **for members approved by SAPS.** (SAPS Accreditation No: T/004/2012)
The benefit of utilizing the copyrighted property of the S.D.P.B. ceases with the de-registration or cancellation of membership. Fraud will be reported to the SAPS as required by the Second-Hand Goods Act for any fraudulent / copied documents.

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 books / systems/ of the S.D.P.B. meaning that a member utilize his / her / their own / non accredited documents / systems.

Signed and confirmed on this _____ day of _____ 20_____
at ____h____ (City) _____ Province _____

Signature(s): _____ **Date signed:** _____

1. Signature : Applicant(Director) / Natural Person 1

Signature : Employee / Responsible Person 1

2. Signature : Applicant(Director) / Natural Person 2

Signature : Employee / Responsible Person 2

3. Signature : Applicant(Director) / Natural Person 3

Signature : Employee / Responsible Person 3

(Accountable person(s))

SECOND-HAND PAWN DEALERS & PAWNBOARD - S.D.P.B. COPYRIGHT - SAPS ACCREDITATION NO: T/004/0012

COMPLIANCE - ANNEXURE "B"

COMPLIANCE - 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 business is located)

Mark - X			
NEW		CURRENT	
		BRANCH(ES)	
Town:		Police Station:	
Province:			

A - BUSINESS ADDRESS:

Landline:		Cell no:	
Business Address:			
Town:		City:	
Postal Code:			
Category of Trade:			

It is confirmed herewith and declared that the business / trade are to be conducted from above mentioned street address which 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)

It is herewith confirmed that this business/premise are suitable and adequate for the Trade in Second-hand goods - *(Categories/type of goods on SAPS certificate)*

I / We declare that the above declaration is correct and true in this statement, signed this ____ day of _____ 20__ at ____ h ____ City ____ Province ____.

	Mark - X	Please attach proof of documentation	
1. Signature : Applicant(Director) / Natural Person 1	Owner of premises	Lessee	Lessor
2. Signature : Applicant(Director) / Natural Person 2	Owner of premises	Lessee	Lessor
3. Signature : Applicant(Director) / Natural Person 3	Owner of premises	Lessee	Lessor