

SECOND – HAND DEALERS AND PAWNSHOP

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@pawnsboard.co.zaAddress: 6 Rietbok Street, Greenhills
Randfontein, 1759**Application for SDPB Membership – Confidential**

NEW	Type of Trade:
Business Name: (Please fill each branch separate)	
<p><i>Registration with an Accredited Association is a voluntary and not a compulsory option, except for exemptions.</i></p> <p><i>The Association may decline an applicant if an application/business have been de-registered as a member of this association in the past.</i></p>	
Need Assistance with SAPS Application for Trading Certificate:	Y / N
Need Assistance with SAPS AppRenewal Application:	Y / N
Need Assistance with SAPS Appointed Responsible Persons:	Y / N
Need Assistance with SAPS Notification of any changes made:	Y / N
Need Assistance with CIPC registration:	Y / N
Need Assistance with CIPC change of details made to business:	Y / N
Need Assistance with NCR Registration:	Y / N
Specify assistance needed:	

1. BUSINESS / TRUST/ COMPANY:

(If multiple businesses or branches are operated, each must submit a application form)

Date established:	SARS Registration Number:
Tick were applicable: Mark - X	PTY Ltd
Sole Owner:	Partnership:
Company	Trust
Company Registration No:	(Please attach proof of CIPC /SARS 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.

(Please attach proof of municipality account)

Business Address:
Town: City: Postal Code:
<i>Storage 1 - if applicable - Other premises were goods are stored</i>
Business Address:
Town: City: Postal Code:
<i>Storage 2 - if applicable - Other premises were goods are stored</i>
Business Address:
Town: City: Postal Code:

3. BUSINESS CONTACT DETAILS:

Business Landline:	Business Cell phone:
Email:	

OTHER INSTITUTION(S) WHERE YOUR BUSINESS IS REGISTERED AS A MEMBER:

A) Name of Institution	Reg No:
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B) Name of Institution

Reg No:

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 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,
- * 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:

A) General Second-Hand Dealer

(Pawn excluded - buy and sell all classes/sort of Second-Hand Goods as per schedule 1 Act 6/2009)

B) General Second-Hand Dealer & Pawnbroker

(Pawn included - buy and sell all classes/sort of Second-Hand Goods as per schedule 1 Act 6/2009)

C) General Second-Hand Dealer, Pawnbroker & Auctioneer

(Including pawn/auction included - buy and sell all classes/sort of Second-Hand Goods as per schedule 1 Act 6/2009)

D) General Second-Hand Dealer & Auctioneer

(Excluding pawn/auction included - buy and sell all classes/sort of Second-Hand Goods as per schedule 1 Act 6/2009)

E) General Dealer & Flea market Operator

F) Second-hand Jeweler -

Purchase, pawn, swap, selling as part of / includes in normal business activities as pawnbroker / Second-Hand dealer / auctioneer.

G) Vehicle Dealer & Pawnbroker

H) Vehicle Dealer, Pawnbroker & Auctioneer

I) Panelbeater

J) Repair of any second hand goods

K) Other - Declare

Mark - X

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 disputees / complaints / claims. - COPYRIGHT

Are you in a possession of a business cellphone ?

(requirement to add on members whatsapp group)

Yes:

No:

Nr to be added on group:

Please add 1 additional contact number to be added on whatsapp group: (SDPB Members info group)

Name / Surname: Business Cell phone:

7. SAPS DEALERS CERTIFICATE TO TRADE IN SECOND-HAND GOODS - Act 6 OF 2009:

(Please attach copy of SAPS Certificate)

Issued Date:	<input type="text"/>	NO:	A
Trading Name:	<input type="text"/>		
(From Date/Year:)	<input type="text"/>	(From Date/Year:)	<input type="text"/>
Full Names and Surname:	<input type="text"/>		
Identification Number:	<input type="text"/>		
Business Address:	<input type="text"/>		
City - Town:	<input type="text"/>		
Suburb:	<input type="text"/>	Police Station:	<input type="text"/>
DSO Name/Surname:	<input type="text"/>	Contact No:	<input type="text"/>

7.1 ADDITIONAL STORAGE CERTIFICATE TO TRADE IN SECOND-HAND GOODS - Act 6 OF 2009:

(Please attach copy of Storage SAPS Certificate)

Issued Date:	<input type="text"/>	NO:	A
Trading Name:	<input type="text"/>		
(From Date/Year:)	<input type="text"/>	(From Date/Year:)	<input type="text"/>
Full Names and Surname:	<input type="text"/>		
Identification Number:	<input type="text"/>		
Business Address:	<input type="text"/>		
City - Town:	<input type="text"/>		
Suburb:	<input type="text"/>	Police Station:	<input type="text"/>

8. PARTICULARS APPLICANT 1:

(Director /Natural person/Juristic 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"/>
Postal Address:	(COURIER SERVICES)				
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:

(Applicable if more than 1 Director/ Natural Person)

8.1 PARTICULARS APPLICANT 2:

(Director /Accountable person/Juristic 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"/>
Postal Address:	(COURIER SERVICES)				

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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: _____

(Applicable if more than 1 Director/ Natural Person)

8.2 PARTICULARS APPLICANT 3 :

(Director /Accountable person/Juristic person)

(attach copy of id)

Title:	Mr. / Miss /Mrs.	Full Names:	
Surname:		ID No:	Passport No:
Residential Address:			
Town:		City:	
Province:		Postal code:	
Postal Address:	(COURIER SERVICES)		
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: _____

(Applicable if more than 1 Director/ Natural Person)

9. MEMBERSHIP AT NCR: **(APPLICABLE TO PAWNBROKERS ONLY)**

(Validation Year):	JULY 20_____
NCR Reg No:	NCRCP

(Please attach copy of NCR Certificate)

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

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:

The SDPB is not a Credit Provider, and the NCR does not send any inquiries or information intended for members to the Association. Instead, the SDPB provides members with relevant Acts, legislation, updates, compliance agreements, and other essential resources. However, the SDPB does not have the authority from NCR to audit pawnbrokers' record financials for compliance. Therefore, the Act requires pawnbrokers to work with Responsible Persons and Financial Institutions to ensure they meet compliance requirements regarding NCR regulated limitation of fees. SDPB and legal advisor provides required legislation to members - SDPB can only report non - compliance through legal advisor. In terms of the NCA, your statistical – and compliance reports must be endorsed and signed by the Responsible person, Auditor, Bookkeeper, Financial Institutions.

CONSULT WITH YOUR AUDITOR / BOOKKEEPER TO ENSURE COMPLIANCE AND RETURNS OF

STATISTICAL REPORTS.

UNREGISTERED PAWNBROKERS MAY BE REPORTED TO THE ASSOCIATION THAT WILL GO THROUGH THE LEGAL ADVISER WHO HAS DIRECT CONTACT WITH THE NCA DIRECTORS.

SAPS Appointed Responsible persons employee letterhead:	Y / N
Please tick if SDPB must complete documents for member to appoint employee responsible persons for day to day management of business.	
	Y / N

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)

(PLEASE 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: _____

10.1 PARTICULARS OF MANAGER / RESPONSIBLE PERSON (EMPLOYEE) 2 :

(PLEASE 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: _____

10.2 PARTICULARS OF MANAGER / RESPONSIBLE PERSON (EMPLOYEE) 3 :

(PLEASE 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: _____

COFIRMATION 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 once of registration Fee of **R800.00** will be applicable (this will include documents regarding the compliance requirements of the Act 6/2009, as well as laminated posters for display in the business premises., courier cost included.
3. A yearly fee of **R2700.00** 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) - Computer program will be finalized and SAPS approved & Accredited in 2025.**
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

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

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

(Accountable person(s))

COMPLIANCE - ANNEXURE "A"

COMPLIANCE - PART 2

RULES AND CONDUCT OF THE S.D.P.B. 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. seizes 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. Legal steps will taken against copyright documentation, books & computer programme.

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

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

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

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)

A - BUSINESS TRADING ADDRESS:

(details on SAPS Certificate):

Please attach Zone Certificate/Fire Certificate

Business Address: _____

Town: _____

Police Station: _____

Type 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

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 Lease Contract	
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

INDICATE TYPE OF GOODS TRADE IN AS PER SCHEDULE 1 & 2 OF THE ACT 6 OF 2009

	Tick X
Household & Office Equipment	
Factory equipment and machinery or any part or accessory thereof	
Valuables	
Shop-fitting equipment	
Communication equipment (Cell Phones)	
Motor vehicle parts	
Photographic or optical instruments or any part or accessory thereof	
Sporting equipment	
Agricultural implements	
Motor vehicles/motorcycles/trailers/boats	
Vehicle parts, other than vehicle	
Bicycles or any part or accessory thereof	
Antique goods	
Books	
Jewellery	
Tyres of any vehicle/motor vehicle or motorcycle	
Electronic Equipment	
Repairs done on second hand goods	

PLEASE ATTACHED FOLLOWING WITH APPLICATION: - Where available

	Tick Copy
CIPC Company Registration Document	
Director(s) - Applicant ID	
Employee(s) ID - Responsible person day to day management	
SAPS Certificate	
SAPS Storage premises Certificate	
SAPS Responsible Person letter if available	
NCR Certificate	
Municipality Account	
Zoning Certificate	
Bank confirmation letter - If SAPS application process will be done through SDPB	
Fire Certificate	
Building/Floorplan of Premises Copy - if available	
Copy of last page - SAPS 607 Visitation Register	