

## 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)

OFFICIAL DATE STAMP (DATE RECEIVED)	

A. FOR OFFICIAL USE BY APPLICATION				ION	WH	IERE	E TH	E
<sup>1.</sup> SAPS 603 Reference No		ı	NO			ΥI	EAR	
<sup>2.</sup> SHG Control System Reference No								

В.	3. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS RECEIVED																			
<sup>1.</sup> Province		-		002	<b>J</b>	121	<u> </u>	2 017			\ <u>_</u> .			<u> </u>		J ILL	<u> </u>			
<sup>2.</sup> Police stat	ion																			
<sup>3.</sup> Componer	nt code																			
C.		FOF	OFF	ICIAI	USE	BY 1	THE C	DESIG	TANG	ED SE	CON	D-HA	ND C	1006	os o	FFICI	ER			
1. Outstanding	/Additio																			
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······										•••••										
				•	ī				ı				•		ı	•	ı		ı	
<sup>2.</sup> Persal No								-		3. Date	Υ	Υ	Υ	Υ	-	M	IVI	-	D	D
										Г										
	4. Sign	ature (	of Polic	······································	er / DS					5.	Pank	Initial	s and 9	Surnan	ne of E	Police (	Officer/	DSO		
6. Application					617 00												Jilicei/			
<ol> <li>Application</li> <li>Reason(s) f</li> </ol>			MPPRO	V E D						Ар	рисац	511 101	Renew	ai KEI	-USEI					
1100001(3) 1	OI TOTAL	341																		
						•••••		•••••						•••••						
<sup>9.</sup> Persal No								-		<sup>10.</sup> Date	Υ	Υ	Υ	Υ	-	M	M	-	D	D
									Į.		1									
	O' -		D	A (1				12.5	i alia i	Variation 22		13 5		·	1.0		<u> </u>		alla e 2	
11.	Signat	ure of	Decidir	ng Auth	ority			" Dec	iding A	Authority	Code	™ Ka	nk, Init	ıals an	a Surr	name c	t Decid	ding Ai	uthority	•

D. PARTICULARS OF REGISTRATION (Indicate with an X)														
1. Record the existing SHG Registration	n numbe	er												
							F	Registr	ation [	Date		Expi	ry date	9
<sup>2.</sup> Indicate the Principal Business Acti	vity (Indicate	e with an X)												
General Dealer			Au	ctioneer						Scrap N	/letal D	ealer		
Motor Vehicle Dealer			Je	eweller						Re	ecycler			
3. Indicate the Sub-Category of trade	Indicate with an	X)												,
Pawnbroker	(	Commur	nicatio	n Equip	ment De	ealer				Antiqu	ies De	aler		
Book Dealer			Vehic	cle Deal	er				N	Motor Ve	ehicle l	Dealer		
Vehicle Parts Dealer		Moto	r Vehi	cle Part	s Deale	r				Aud	ctionee	er		
Jeweller		V	ehicle/	Tyre D	ealer					Pane	el Beat	ter		
Electronic Equipment Dealer			(	Other						If	"other	", Name		
4. Indicate the Type of Goods (as per	Schedule	1 and 2	2 of the	e Act) (I	ndicate with	an X)								
Household and office equipment Communication equipment (Cell Phones) Bicycles or any part or accessory thereof														
Factory equipment and machinery or a accessory thereof		F			optical i				,	Antiqu	e goods	<b>3</b>		
Valuables			9	Sporting	equipm	ent				Во	oks			
Shop-fitting equipment				Ag	ricultura	al impler	nents				Jew	ellery		
Unwrought precious metal defined in the Metal Act, 2005 (Act No. 27 of 20		5			Motor	vehicle	s				Veh	icles		
Motor vehicle parts					Vehic	cle parts	,			Tyres of any vehicle/motor vehicle or motorcycle				
Controlled Metals					С	other					lf "c	other", N	Name	
E.		PAF	RTIC	JLAR	S OF A	APPLI	CANT	-						
	INCL	UDING	RESP	ONSIBL	E PER	SON(S)	AND N	MANAG	ER(S)					
(i) NATURAL PERSON							-							_
1. Type of citizenship applicable on Natu	ıral Perso	n <sup>(Indicate</sup>	with "X")	1.1 5	SA citize	n	1.:	<sup>2</sup> Non-S	A citizer	(Submit p	proof of pe	ermanent re	esidence)	
<sup>2.</sup> Surname								3.	nitial(s)					
<sup>4.</sup> Full name(s)														_
5. Identity number of applicant					-					-			-	
<sup>6.1</sup> Passport number of applicant <sup>(if any)</sup>									<sup>6.2</sup> Co of I	untry ssue		•	•	
7. Residential address														
•								8. F	Postal C	ode				
9. Name under which business will be co	onducted													
<sup>10.</sup> Business address												1		
								11.	Postal C	Code				

<sup>12.</sup> Postal address																				
														<sup>13.</sup> Posta	al Cod	е				
	<sup>14.1</sup> Home	e Tel N	lo	(	)						14.	.2 Cell	pho	ne numb	er					
<sup>14.</sup> Contact details	<sup>14.3</sup> Busin	ness Te	el No	(	)						14.	.4 Fax	No		(	)				
	<sup>14.5</sup> E-ma	il addr	ess																	
(ii) JURISTIC PERS	SON	1																		
15. OTHER BODIES (In	nark with an	1 X)	Compa	ny		_	ose orpora	tion				Trust			Partne	ership			Other	
			If "Othe	r" indic	cate th						_									
<sup>16.</sup> Registered name of	f Busines	s																		
<sup>17.</sup> "Trading As" name	of Busine	ess																		
<sup>18.</sup> Business Registrati (See "Other Bodies")	on numbe	er																		
<sup>19.</sup> Business Address			L									I		·						
														<sup>20.</sup> Posta	al Code	9				
<sup>21.</sup> Postal address of B	Business																		1	
														<sup>22.</sup> Posta	al Code	)				
23. Business Contact 23.1 Business Tel No ( ) 23.2 Business Fax No ( )																				
details	<sup>23.3</sup> Busi	iness E	E-mail a	ddress	5															
			1																	
(iii) RESPONSIBLE	E PERSO	ON												24.2.1			(Cubm	it proof o	•	
<sup>24</sup> Type of citizenship	applicable	e on R	esponsi	ible Pe	erson <sup>(</sup>	Indicate	e with "X	")	<sup>24.1</sup> S	A citiz	zen			24.2 No	n-SA ( nt resider	citizen ice)	(Subii	iit proor o		
<sup>25.</sup> Surname														<sup>26.</sup> Initial(s	s)					
<sup>27.</sup> Full name(s)																				
<sup>28.</sup> Identity number of Responsible Person									-							•			-	
<sup>28.1</sup> Passport number of Responsible Person	of							ı						28.2	Coun	try			<u> </u>	1
<sup>29.</sup> Residential address		oneible	Person	2											of Iss	че				
Residential address	s or Kespi	OHSIDIE	FEISOI	'										<sup>30.</sup> Posta	d Cod					
31 Deetel edduces of C	) : l-	ıla Daw												FUSIA	ii Cou					
<sup>31.</sup> Postal address of R	kesponsib	ne Per	SON										1	32 Danta						
	33.1 H	lome T	el No	(		)						33.2	Cel	<sup>32.</sup> Posta						<u> </u>
<sup>33.</sup> Contact details of Responsible Person	33.3 ₪		s Tel No			) )						33.4			(	)				
Nesponsible reisol		-mail a	address												1	•				

(iv) MANAGEMENT O	F BUSINESS
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34. PARTICI	UI AR	S OF	PFR	SON	(S) R	ESP(	ONSIE	BLE F	FOR T	HE N	MANAGEN N, TRUSTEES OF	/EN	T OI	R DA	Y-TC	DAY	COI	NTRO	OL OF	THE	
Boome		ull na							Surnar		T					t numl			34.4	Capacity	,
						Т															
F.									C	THE	R DETAIL	_S									
1. Was your r certificate?	enewa (Indicate	l appl e with a	ication in X)	n hand	led in	at leas	st 90 d	ays b	efore th	e ter	mination of	the e	existii	ng re(	gistrati	ion	YE	s		NO	
<sup>2.</sup> If " <b>NO</b> ", ind	icate e	either	one of	f the fo	ollowin	g:															
<sup>3.</sup> Was your a	Was your application handed in after the due date, but before the termination of the existing registration certificate? (Indicate with an X)  NO  If "YES", state reasons why																				
4. Was your a	applica (Indicate	ition h	anded	d in aft	er the	termir	nation	of the	existin	g reg	jistration			YES			NO			f " <b>YES</b> ", reasons	
									5	Rea	asons		_								
																					1
<sup>6.</sup> Are you a r Credit Act,	egiste 2005 (	red C (Act N	redit F lo. 34	of 200	er enga (5) <sup>(Ind</sup>	aging i icate wi	in paw th an X.	n tran If "YES	saction 3", subm	is Wit it full o	thin the mea details)	ining	of th	ne Nat	ional		YE	S		NO	
																			_		
<sup>7.</sup> Are you a r	membe	er of a	n Acc	redited	d SHG	Deale	ers' As	socia	tion? <sup>(Ir</sup>	dicate	e with an X)		YES	6		NC	)			<b>ES</b> ", sub lowing de	
8. Name of A	ccredit	ed Sh	IG As	sociat	ion																
9. Accreditation	on nun	nber c	of the	Accred	dited S	HG A	ssocia	tion													
<sup>10.</sup> Membersh	nip nun	nber																			
<sup>10.1</sup> Date joined	Υ	Υ	Υ	Υ	-	M	M	-	D	D	10.2 Expiry date		Υ	Υ	Υ	Υ	-	M	M	-	D D

11. Is a copy of the (Indicate with an X)	Is a copy of the applicable Government Gazette, indicating exemptions attached? (Indicate with an X)						>		YES		NO		If "NO", state reasons					
								12.	Reaso	n(s)				•			•	
<sup>13.</sup> Are there curre	ntly any	/ applicatior	n(s) fo	r regi	stratio	on	pending	g? (Indi	cate with	n an X	)							
YES		NO				lf	f "YES",	subm	it the fo	ollow	ing (	detail	s:					
Police station											Ref	erenc	e nu	mber				
Police station											Ref	erenc	e nu	mber				
Police station											Ref	erenc	e nu	mber				
Police station											Ref	erenc	e nu	mber				
<sup>14.</sup> Was any applic	cation in	terms of th	ne Act	refus	sed in	the	e past f	ve (5)	years?	(Ind	icate	with a	ın X)					
YES		NO	)			If	f " <b>YES</b> ",	subm	it the fo	ollow	ring details:							
Police station											Reference number							
Police station											Re	eferen	ice ni	umber				
element? (Indica	of any cases of fraud, theft or corrupt activities as referred to in the Prevention and Combatting of Corrupt Activities Act, 2004 (Act No. 12 of 2004), or any contravention of the Corruption Act, 1992 (Act No. 94 of 1992), or the commission of any other offence of which dishonesty is an element? (Indicate with an X)																	
Yes		No	,			lf	f "YES",	subm	it the fo	ollow	ing	detail	s:					
Police station									Pol	ice s	tatio	on	<u> </u>					
Case number									Cas	e nu	mbe	er	<u> </u>					
Offence									Offe	ence	;							
Sentence									Sen	tenc	е							
<sup>16.</sup> Have you in the fines)? (Indicate v	ne prec with an X	eding five (	(5) yea	ars be	een c	on	victed o	of an o	offence	in te	erms	s of th	his A	ct irrespec	tive of t	he senten	ice impo	osed (including
Yes		No	•			lf	f "YES",	subm	it the fo	ollow	ing	detail	s:					
Police station									Pol	ice s	tatic	on						
Case number									Cas	se nu	ımb	er						
Offence									Off	ence								
Sentence									Ser	ntenc	е							
<sup>17.</sup> Have you in the	ve you in the preceding five (5) years been declared as an un-rehabilitated insolvent? (Indicate with an X)																	
Yes		No	0			If	f " <b>YES</b> ",	subm	it the fo	ollow	ing	detail	ls:					
Date of sequestra	Date of sequestration/liquidation:						M	T -	T	D	D	Details of	seques	tration/liqu	uidation:			
					•			1	•			1						

<sup>18.</sup> Have you by virtue	of any other law been dis	squalified from carrying o	on a business in the past five (5) years? (Indicate with an X)
Yes	No	If "YES", submit	the following details:
etails of such law a	nd disqualification:		
Provide any other	information which may ha	ave an influence on the co	onsideration of this renewal application
	SIGNATI	LIRE OF APPLICANT	, POLICE OFFICIAL AND WITNESS
		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
reby declare that 009), to make a fa	I am aware that it is an o	offence in terms of sect plication.	tion 32(1)( c) and (d) of the Second-Hand Goods Act, 2009 (Act N
1.1	PHOTO OF APPLICANT	Г	1.3 Name and surname of applicant in block letters
			<sup>1.4</sup> Place
			1.5 Signature of applicant
ARTIQUE ARG OF	- POLICE OFFICIAL DE	AL ING WITH APPLICAT	
ARTICULARS OF	F POLICE OFFICIAL DEA	ALING WITH APPLICAT	ion
Name of Police Of	fficial in block letters		<sup>2.2</sup> Persal number of Police Official
Rank of Police Offi	icial in block letters		<sup>2.4</sup> Signature of Police Official
PARTICULARS OF	F WITNESS		
Initials and Surnam	ne of witness in block lette	ers	<sup>3,2</sup> Persal number of witness
Rank/Title of witnes	ss in block letters		3.4 Signature of witness

<sup>3.4</sup> Signature of witness

PARTICULARS OF INTERPRETER  (This section must be completed only if the applicant cannot read or write or does not understand the content of this form)  Name and surname of interpreter																
1. Name and surname of interpreter 2. Identity/Passport number of interpreter 3. Identity/Passport number of interpreter 4. Identity/Passport number of interpreter 5. Identity/Passport number of interpreter 6. Identity/Passport number of interpreter 7. Identity/Passport number of interpreter 8. Identity/Passport number of interpreter 9. Identity/Passport number of interpreter																
<sup>2.</sup> Identity/Passport number	er of interpreter															
<ol> <li>Residential address of interpreter</li> </ol>				•					•	•						
interpreter										4. Pos	stal Co	de				
5. Postal address of interp	reter															
	<u>.</u>									<sup>6.</sup> Pos	stal Co	de				
	7.1 Home Tel No	( )				7.2	ellpho	one nu	mber	(	)					
7. Contact details of interpreter	7.3 Work Tel No	( )				7.4 F	ax No	)		(	)					
interpreter	7.5 E-mail address	3														
8. Interpreted from (language)					9.	To <sup>(lang</sup>	guage)									
						12.	Date	Υ	Υ	Y	-	M	M	-	D	D
						13. F	Place									
<sup>10.</sup> Signature of Interpreter		<del></del>					1					1			1	
													-			
<sup>11.</sup> Rank/Title of Interpreter i	n block letters <sup>(if applic</sup>	able)				<sup>14.</sup> F	ersal	numb	er of Int	erprete	r <sup>(if app</sup>	licable)				
I.	FOR OFFICIAL U	SE BY TH	IE DES	IGNA	TED:	SECC	ND-I	HANE	G00	DS OF	FICE					
1. RECOMMENDATION		IE RENEV	VAL AI	PPLIC	CATIO	ī										
<sup>1.1</sup> Renewal of Registration						1.2 R	enewa	al of R	egistrat	ion not	recom	menc	led			
<sup>1.3</sup> Reasons for recommen	dation (See Regulation 7	7(1), where ap	plicable)		<u> </u>											

<sup>2.</sup> General Conditions applicable on this application	
Constant Contained application of this application	
	4 Date Y Y Y Y - M M - D D
3 Nove of Bullet Off (200)	
3. Name of Police Officer/ DSO in block letters	
	<sup>6.</sup> Place
5. Rank of Police Officer/ DSO in block letters	<u> </u>
7.0	
7. Signature of Police Officer/ DSO	8. Persal number of Police Officer/ DSO
<sup>9.</sup> Comments by Deciding Authority (if any)	
	11. Date Y Y Y Y - M M - D D
<sup>10.</sup> Name of Deciding Authority in block letters	
	<sup>13.</sup> Place
12 Donals of Donaldian Application to the 1.1.	1 1000
12. Rank of Deciding Authority in block letters	
14. Signature of Deciding Authority	15. Persal number of Decidin