

**STATEMENT IN TERMS OF APPLICATION TO TRADE IN
SECOND-HAND GOODS – ACT 6 OF 2009 (GN R285 SECTION 3)
VERKLARING TEN OPSIGTE VAN AANSOEK VIR 'N SERTIFIKAAT OM HANDEL TE DRYF IN
TWEEDEHANDSE GOEDERE – WET 6 VAN 2009**

A. PERSONAL PARTICULARS OF APPLICANT / PERSOONLIKE BESONDERHEDE VAN APPLIKANT

TITLE INITIALS SURNAME
TITEL VOORLETTERS VAN

FIRST NAMES
VOORNAME

IDENTITY NUMBER RACE
IDENTITEITSNOMMER RAS

PASSPORT NUMBER
PASPOORTNOMMER

DATE OF BIRTH AGE GENDER
GEBORTEDATUM OUDERDOM GESLAG

NATIONALITY CITIZENSHIP
NASIONALITEIT BURGERSKAP

B. RESIDENTIAL ADDRESS – WOONADRES

STREET NAME
STRAAT NAAM

BUILDING/FARM/PLOT/PLACE
GEBOU/PLAAS/PLOT/PLEK

SUBURB/EXTENSION/AREA
VOORSTAD/UITBREIDING/GEBIED

TOWN/CITY POSTAL CODE
DORP/STAD POSKODE

TELEPHONE NUMBER HOME WORK
TELEFOONNOMMER HUIS WERK

CELLPHONE NUMBER FAX
SELFOONNOMMER FAKS

**C. ADDRESS WORK/BUSINESS/INSTITUTION/ORGANISATION – ADRES
WERK/BESIGHEID/INSTANSIE/ORGANISASIE**

NAME OF INSTITUTION/ORGANISATION
NAAM VAN INSTANSIE / ORGANISASIE

SINCE DATE
SEDERT DATUM

STREET NAME

STRAAT NAAM

**BUILDING/FARM/PLOT/PLACE
GEBOU/PLAAS/PLOT/PLEK**

**SUBURB/EXTENSION/AREA
VOORSTAD/UITBREIDING/GEBIED**

**TOWN/CITY
DORP/STAD**

**POSTAL CODE
POSKODE**

**TELEPHONE NUMBER
TELEFOONNOMMER**

**HOME
HUIS**

**WORK
WERK**

**CELLPHONE NUMBER
SELFOONNOMMER**

**FAX
FAKS**

D. CONTACT PERSON (IF APPLICABLE) – KONTAKPERSOON (INDIEN VAN TOEPASSING)

**TITLE
TITEL**

**INITIALS
VOORLETTERS**

**SURNAME
VAN**

**TELEPHONE NUMBER
TELEFOONNOMMER**

**HOME
HUIS**

**WORK
WERK**

DECLARE HEREBY IN / VERKLAAR HIERMEE IN

ENGLISH	<input checked="" type="checkbox"/>	OTHER	<input type="text"/>
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AVIDAVIT WITH DELARATION

1.

I am the person accountable / responsible for the control and management of an existing or to be business namely, _____, for which an application for a SAP 601 is submitted with this statement / declaration

Business address: _____

2.

I hereby state under oath and or affirm / confirm that;

- As an applicant, that no ownership or management changes occurred the preceding year and is still currently trading from a legal, approved business premises and that all information as reflected in the application (SAP 601) are correct and true
- To the best of my knowledge, I am not disqualified from being registered as a dealer
- In the preceding year, I was not convicted of any criminal offence of which dishonesty was an element

AFFIDAVIT / VERKLARING

ANEXURE TO SAP 601

- In the preceding five years in the Republic of South-Africa or elsewhere, I have not been sentenced to imprisonment without the option of a fine in respect of any offence of fraud, theft or corrupt activities in terms of Act 12 of 2004 or any contraventions of the Corruption Act, number 94 of 1992 or the commission of any other offence of which dishonesty was an element
- I am an authorized lawful resident of the RSA
- I intend to continue to comply with all relevant Legislation applicable to the second-hand goods trade
- I intend to comply with the Act on Second-hand Goods, Act 6 of 2009
- I am a member of the Second-hand Dealers and Pawn Board (an Association) who guides, train and keep all its members up to date with all developments, changes, requirements and recordkeeping systems in terms of all relevant and applicable Legislation and intend to abide and comply with the standards and rules of such an association.

DATE

DEPONENT SIGNATURE

(INITIAL AND DATE ANY CHANGES)

3.

Do you know and understand the content of the declaration? _____

Do you have any objection to take the prescribed oath? _____

Do you consider the prescribed oath as binding on your conscience? _____

Hereby do or affirm that the declaration made is true and binding on your conscience? _____

DATE: _____

TIME: _____

PLACE: _____ (POLICESTATION)

SIGNATURE / MARK OF DEPONENT

I certify that the deponent has acknowledged that he/she knows and understands the contents of this statement. This statement was

SWORN TO	AFFIRMED
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before me and the deponents signature/mark was placed there on, in my presence AT

on this day _____, year _____, at time, ____h ____.

SIGNITURE OF SAPS MEMBER
COMMISIONER OF OATHS

FULL NAMES AND SURNAME: _____

RANK: _____

SA POLICE SERVICE STATION: _____