



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR EXEMPTIONS

Section 42(2) of the Second-Hand Goods Act, 2009 (Act No. 6 of 2009)

<p>OFFICIAL DATE STAMP</p> <p>DATE RECEIVED</p>
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A. FOR OFFICIAL USE BY THE POLICE STATION/PROVINCIAL OFFICE/ NATIONAL OFFICE WHERE THE APPLICATION IS CAPTURED										
¹ SAPS 602 or 603 Reference No	NO				YEAR					
² SHG Control System Reference No										

B. FOR OFFICIAL USE BY THE OFFICE WHERE APPLICATION IS RECEIVED	
¹ Office	
² Component	
³ Component code	

C. FOR OFFICIAL USE BY THE OFFICE WHERE THE APPLICATION IS PROCESSED										
¹ Outstanding/Additional information required										
² Persal No				³ Date						
<p>.....</p> <p>⁴ Signature of Police Officer / DSO</p>						<div style="border: 1px solid black; width: 100%; height: 30px;"></div> <p>⁵ Name in block letters</p>				
⁶ Exemptions Approved (Indicate with an X)										
⁷ Persal No				⁸ Date						
<p>.....</p> <p>⁹ Signature of Deciding Authority</p>			<div style="border: 1px solid black; width: 50px; height: 20px;"></div> <p>¹⁰ Deciding Officer Code</p>			<div style="border: 1px solid black; width: 100%; height: 25px;"></div> <p>¹¹ Name in block letters</p>				
¹² Exemptions Refused (Indicate with an X)						¹³ Reason(s) for Refusal				
¹⁴ Persal No				¹⁵ Date						
<p>.....</p> <p>¹⁶ Signature of Deciding Authority</p>			<div style="border: 1px solid black; width: 50px; height: 20px;"></div> <p>¹⁷ Deciding Officer code</p>			<div style="border: 1px solid black; width: 100%; height: 25px;"></div> <p>¹⁸ Name in block letters</p>				

* Delete the information which is not applicable.

D. PARTICULARS OF APPLICANT

ASSOCIATION DETAILS

OTHER BODIES (mark with an X)	Company		Close Corporation		Trust		Partnership		Other	
If "Other" indicate the Type of Body										
Registered name of Association										
"Trading As" name of Association										
Registration number (See "Other Bodies")										
Postal address of Association										
				⁸ Postal Code						
Business address										
				¹⁰ Postal Code						
Association contact details	^{11.1} Tel No					^{11.2} Fax No				
	^{11.3} E-mail address									
Responsible person (Name and surname)										
Type of citizenship applicable on responsible person (Indicate with an X)				SA citizen			Non-SA citizen			
Identity number of responsible person						-				
Passport number of responsible person										
Cellphone number of responsible person										
Physical address of responsible person										
				¹⁸ Postal Code						
Postal address of responsible person										
				²⁰ Postal Code						

E. GROUNDS FOR APPLICATION (Submit supporting documentation, where applicable)

¹ Exemptions Required (Indicate with an X)									
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^{1.1} Section 21(1)		^{1.2} Section 21(2)(a)(i)		^{1.3} Section 21(2)(a)(ii)		^{1.4} Section 21(2)(a)(iii)		^{1.5} Section 21(2)(b)	
^{1.6} Section 21(2)(c)		^{1.7} Section 21(2)(d)		^{1.8} Section 21(2)(e)		^{1.9} Section 21(2)(f)		^{1.10} Section 21(5)	
^{1.11} Section 21(6)		^{1.12} Section 21(7)		^{1.13} Section 23(1)(a)		^{1.14} Section 23(1)(b)		^{1.15} Section 23(1)(d)	
^{1.16} Section 23(2) (except pledged items)		^{1.17} Section 24(1)		^{1.18} Section 24(2)(a)		^{1.19} Section 24(2)(b)		^{1.20} Section 24(2)(c)	
^{1.21} Section 24(2)(d)		^{1.22} Section 24(4)		^{1.23} Section 24(5)		^{1.24} Section 25(1)		^{1.25} Section 26(1)	
^{1.26} Section 26(2)(a)		^{1.27} Section 26(2)(b)		^{1.28} Section 26(2)(c)		^{1.29} Section 26(4)		^{1.30} Section 26(5)	
^{1.31} Other (Give full description)									
.....									
.....									
.....									
.....									

2	Indicate the Categories of Dealers in terms of Section 16(a)	
	Describe the Legal and Ethical Standards with regard to the Category of Dealers in terms of Section 16(b) (Note: the standards may not be of a lower standard than the required standard set by the Act)	
4	Describe the manner in which and the frequency of inspections of members of your association in terms of Section 16(c)	
5	Motivate the application for Exemption(s) (Attach additional document if space is inadequate)	

F. SIGNATURE OF APPLICANT, POLICE OFFICIAL AND WITNESS

1

Name and surname of Applicant in block letters

2 Date - -

3
Signature of Applicant

4 Place

5 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

5.1

Name of Police Official in block letters

5.2 -

Persal number of Police Official

5.3

Rank of Police Official in block letters

5.4
Signature of Police Official

6 PARTICULARS OF WITNESS

6.1

Initials and Surname of witness in block letters

6.2 -

Persal number of witness

6.3

Rank of witness in block letters

6.4
Signature of witness

G. 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)

1 Name and surname of interpreter

2 Identity/Passport number of interpreter

3 Residential address of interpreter

⁴ Postal Code

5 Postal address of interpreter

⁶ Postal Code

7 Contact details of interpreter	^{7.1} Home Tel No ()	^{7.2} Cellphone number ()
	^{7.3} Work Tel No	^{7.4} Fax No ()
	^{7.5} E-mail address <input type="text"/>	

8 Interpreted from (language) To (language)

9 Date - -

10
Signature of interpreter

11 Place

12

Rank of Interpreter in block letters (if applicable)

13 -

Persal number of of Interpreter (if applicable)

H. FOR OFFICIAL USE BY NATIONAL LEGAL SERVICES

1

COMMENTS (LEGAL FACTS) REGARDING THE APPLICATION FOR EXEMPTION

Large area with horizontal dotted lines for writing comments.

2

Name of Legal Officer/ Official in block letters

3

Date							-										
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4

Rank of Legal Officer/ Official in block letters

5

Place															
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6
Signature of Legal Officer/ Official

7

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Persal number of Legal Officer/ Official

I. FOR OFFICIAL USE BY THE DESIGNATED SECOND-HAND GOODS OFFICER AT NATIONAL LEVEL

RECOMMENDATION REGARDING THE APPLICATION (Indicate with an X)

Recommended		Not recommended	
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1.2 Reasons for recommendation

2

Name of Police Officer/ DSO in block letters

4

Rank of Police Officer/ DSO in block letters

6

Signature of Police Officer/ DSO

3 Date

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5 Place

7

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Persal number of Police Officer/ DSO

J. FOR OFFICIAL USE BY THE NATIONAL DECIDING AUTHORITY

1 Comments by Deciding Authority (if any)

2

Name of Deciding Authority in block letters

4

Rank of Deciding Authority in block letters

6

Signature of Deciding Authority

3 Date

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5 Place

7

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Persal number of Deciding Authority