



SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR REGISTRATION AS A SECOND-HAND GOODS DEALER / RECYCLER**

Section 3, 13 and 25 of the Second-Hand Goods Act, 2009 (Act no 06 of 2009)

OFFICIAL DATE STAMP (DATE RECEIVED)
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A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED									
<sup>1</sup> SAPS 603 Reference No	NO			YEAR					
<sup>2</sup> SHG Control System Reference No									

B. TYPE OF REGISTRATION <small>(Indicate with an X)</small>			
<sup>1</sup> Permanent Registration		<sup>2</sup> Temporary Registration <small>(Indicate period required)</small>	
		FROM	TO

C. TYPE OF CERTIFICATE <small>(Indicate with an X)</small>			
<sup>1</sup> Certificate to trade as a General Dealer/Pawnbroker		<sup>2</sup> Certificate to trade as an Auctioneer	
<sup>3</sup> Certificate to trade as a Jeweler		<sup>4</sup> Certificate to trade as a Motor Vehicle Dealer	
<sup>5</sup> Certificate to trade as a Scrap Metal Dealer		<sup>6</sup> Certificate as Recycler <small>(only where an application as dealer was submitted/approved)</small>	

D. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS RECEIVED	
<sup>1</sup> Province	
<sup>2</sup> Police station	
<sup>3</sup> Component code	

E. FOR OFFICIAL USE BY THE POLICE STATION									
<sup>1</sup> Outstanding/Additional information required									
<sup>2</sup> Persal No									
	-	<sup>3</sup> Date							
			-					-	
..... <sup>4</sup> Signature of Police Officer / DSO					..... <sup>5</sup> Name of Police Officer/DSO in block letters				
<sup>6</sup> Application for Permanent Registration approved									
<sup>7</sup> Application for Temporary Registration approved		FROM			TO				
<sup>8</sup> Application for Permanent Registration refused		<sup>9</sup> Application for Temporary Registration refused							
<sup>10</sup> Reason(s) for refusal									
<sup>11</sup> Persal No									
	-	<sup>12</sup> Date							
			-					-	
..... <sup>13</sup> Signature of Deciding Authority			..... <sup>14</sup> Deciding Officer Code			..... <sup>15</sup> Name of Police Officer/DSO in block letters			

**F. PARTICULARS OF APPLICANT**

**NATURAL PERSON'S DETAILS**

1	SA citizen		Non-SA citizen*	
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\* In case of a non-SA citizen proof of permanent residence must be submitted

2	Surname		<sup>3</sup> Initials																
4	Full names																		
5	Identity number							-								-			
6	Passport number																		
7	Residential address																		
9																			
		<sup>8</sup> Postal Code																	
9	Name under which business is conducted																		
10	Business address																		
12																			
		<sup>11</sup> Postal Code																	
12	Postal address																		
		<sup>13</sup> Postal Code																	
14	Contact details	<sup>14.1</sup> Home Tel No ( )					<sup>14.2</sup> Cellphone number												
		<sup>14.3</sup> Business Tel No ( )					<sup>14.4</sup> Fax No ( )												
		<sup>14.5</sup> E-mail address																	

**JURISTIC PERSON'S DETAILS**

15	<b>OTHER BODIES</b> (mark with an X)	Company		Close Corporation		Trust		Partnership		Other	
	If "Other" indicate the Type of Body										
16	Registered name of Business										
17	"Trading As" name of Business										
18	Registration number (See "Other Bodies")										
19	Postal address of Business										
		<sup>20</sup> Postal Code									
21	Business address										
		<sup>22</sup> Postal Code									
23	Business contact details	<sup>23.1</sup> Tel No					<sup>23.2</sup> Fax No				
		<sup>23.3</sup> E-mail address									
24	Responsible person (Name and surname)										
25	Type of citizenship applicable on responsible person (Indicate with an X)	SA citizen			Non-SA citizen						
26	Identity number of responsible person										
27	Passport number of responsible person										
28	Cellphone number of responsible person										
29	Residential address of responsible person										
		<sup>30</sup> Postal Code									
31	Postal address of responsible person										
		<sup>32</sup> Postal Code									

PARTICULARS OF PERSON(S) IN CONTROL OF, OR RESPONSIBLE FOR THE MANAGEMENT OF THE COMPANY, CLOSE CORPORATION, TRUST OR PARTNERS IN CASE OF A PARTNERSHIP			
Full names	Surname	Identity number	Capacity

**G. OTHER DETAILS**

1	Are you a member of an accredited association? <small>(Indicate with an X)</small>		YES		NO		If yes, submit the following details:	
2	Name of accredited association							
3	Registration number of accredited association							
4	Membership number		4.1 Date joined				-	
			4.2 Expiry date				-	
5	Is a copy of the applicable Government Gazette attached indicating exemptions?				YES		NO	If no, state reasons why
6	Reasons							

7	<b>Motivate the purpose for which a certificate for Registration / Temporary Registration* to trade in second-hand goods is required</b>							

\*Delete where applicable

8 **Describe the goods the applicant intends to deal in ("Goods" listed in Schedule 1 of the Act)**

9 **Provide the particulars of authorization(s), licence(s), certificate(s) or permit(s) held by the applicant** (if any)

10 **Describe the manner in which registers will be kept by the applicant**

11 **Describe the premises (as defined in Section 1 of the Act) where business will be conducted with reference to the location thereof as well as surrounding buildings** (Attach corresponding floor plan)

12 **Describe and provide the physical address of other premises where second-hand goods will be stored** (if different from Section "F" of this form)

13 **Describe and provide the physical address of premises where Temporary Registration is required** (Only applicable on "Temporary Registration")

14 **Provide any other information which may be relevant to determine the suitability for registration as a second-hand goods dealer**

15 **Indicate the intended business hours during which the business will be open for trade** (attach applicable documentation in support thereof)

Week days	FROM	TO	Hours	FROM	TO
Weekends	FROM	TO	Hours	FROM	TO

16	<b>Are you currently registered as a second-hand goods dealer/recycler in terms of the Act?</b> (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details:			
	Police station			Registration number
	Police station			Registration number
	Police station			Registration number
	Police station			Registration number
	Police station			Registration number
17	<b>Are there currently any application(s) for registration pending?</b> (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details:			
	Police station			Reference number
	Police station			Reference number
18	<b>Was any application in terms of the Act ever refused in the past?</b> (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details:			
18.1	Business name			18.2 Business address
18.3	Police station			18.4 Reference number
19	<b>Have you ever in the preceding five(5) years in the RSA or elsewhere been sentenced to imprisonment without the option of a fine in respect 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 ?</b> (Indicate with an X)			
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If yes, submit the following details:			
19.1	Police station			19.2 CAS/Case number
19.3	Charge			
19.4	Outcome			
19.5	Police station			19.6 CAS/Case number
19.7	Charge			
19.8	Outcome			
20	<b>Have you ever in the preceding ten(10) years been convicted of an offence in terms of this Act or the previous Act, irrespective of the sentence imposed, and was within five years after the conviction again convicted of an offence in terms of any of the said Acts and sentenced to a fine exceeding R1 000?</b> (Indicate with an X)			
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If yes, submit the following details:			
20.1	Police station			20.2 CAS/Case number
20.3	Offence			
20.4	Police station			20.5 CAS/Case number
20.6	Offence			
21	<b>Are you an un-rehabilitated insolvent?</b> (Indicate with an X)			
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If yes, submit the following details:			
21.1	Date of sequestration or liquidation			
21.2	Details of sequestration or liquidation			
22	<b>Are you by virtue of any other law disqualified from carrying on a business?</b> (Indicate with an X)			
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If yes, submit the following details:			
22.1	Details of such law and disqualification			

**H. SIGNATURE OF APPLICANT, POLICE OFFICIAL AND WITNESS**

**1 DECLARATION BY APPLICANT**

I hereby declare that I am aware that it is an offence in terms of section 32(1)(c) & (d) of the Second-Hand Goods Act, 2009 (Act No 6 of 2009), to make a false statement in this application.

1.2 Date 

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1.3 Name and surname of applicant in block letters

1.1 PHOTO OF APPLICANT

1.4 Place

.....  
1.5 Signature of applicant

**2 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

2.1

Name of Police Official in block letters

2.2 Persal number of Police Official

2.3

Rank of Police Official in block letters

.....  
2.4 Signature of Police Official

**3 PARTICULARS OF WITNESS**

3.1

Initials and Surname of witness in block letters

3.2 Persal number of witness

3.3

Rank of witness in block letters

.....  
3.4 Signature of witness

**I. 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

7.1 Home Tel No ( ) 7.2 Cellphone number ( )

7.3 Work Tel No ( ) 7.4 Fax No ( )

7.5 E-mail address

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 Interpreter (if applicable)

**J. FOR OFFICIAL USE BY THE DESIGNATED SECOND-HAND GOODS OFFICE**

**1 RECOMMENDATION REGARDING THE APPLICATION** (Indicate with an X)

1.1	New Registration recommended	<input type="checkbox"/>	New Registration not recommended	<input type="checkbox"/>
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1.2	Temporary Registration recommended	<input type="checkbox"/>	Temporary Registration not recommended	<input type="checkbox"/>
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1.3	Reasons for recommendation (See Regulation 7(1), where applicable)			
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Area with horizontal dotted lines for providing reasons for recommendation.

2	Additional conditions recommended <small>(if any)</small>	
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3	
Name of Police Officer/ DSO in block letters	

4	Date						-							
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5	
Rank of Police Officer/ DSO in block letters	

6	Place														
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7	.....
Signature of Police Officer/ DSO	

8								-		
Persal number of Police Officer/ DSO										

9	Comments by Deciding Authority (if any)	
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10	
Name of Deciding Authority in block letters	

11	Date							-						
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12	
Rank of Deciding Authority in block letters	

13	Place														
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14	.....
Signature of Deciding Authority	

15										
Persal number of Deciding Authority										