



SOUTH AFRICAN POLICE SERVICE

NOTICE OF REPRESENTATIONS

Section 6(2); 9(2); 10(4); 18(2); and 19(2) of the Second-Hand Goods Act, 2009 (Act no 06 of 2009)

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION / NATIONAL OFFICE WHERE THE APPLICATION IS CAPTURED											
¹ SAPS 602/603* Reference No	NO	YEAR									
² SHG Control System Reference No											

B. TYPE OF REPRESENTATIONS <small>(Indicate with an X)</small>	
1	Refusal of Registration as a Dealer / Recycler
2	Cancellation of Registration
3	Refusal of Accreditation as a Second-Hand Goods Dealer's Association
4	Cancellation of Accreditation
5	Refusal to Amend Information
6	Limitation/Variation of Conditions
7	Other <small>(submit description)</small>

C. FOR OFFICIAL USE BY THE POLICE OFFICE WHERE THE NOTICE OF REPRESENTATIONS IS RECEIVED	
¹ Province/Office	
² Police station/Component	
³ Component code	

D. FOR OFFICIAL USE BY THE STATION / PROVINCIAL OFFICE / NATIONAL OFFICE WHERE THE NOTIFICATION IS PROCESSED	
¹ Outstanding/Additional information required	
² Persal No	³ Date
⁴ Signature of Police Officer / DSO	⁵ Name of Police Officer/DSO in block letters
⁶ Representations Upheld <small>(Indicate with an X)</small>	⁷ Representations not Upheld <small>(Indicate with an X)</small>
⁸ Reason(s) for Representations not being upheld	
⁹ Persal No	¹⁰ Date
¹¹ Signature of Deciding Authority	¹² Deciding Officer code
	¹³ Name of Deciding Authority in block letters

*Delete where applicable. Notifications applicable on Associations must be forwarded to the National Second-Hand Goods Control Office

E. PARTICULARS OF THE HOLDER OF THE CERTIFICATE

NATURAL PERSON'S DETAILS

1	SA citizen	<input type="checkbox"/>	Non-SA citizen*	<input type="checkbox"/>
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* In case of a non-SA citizen proof of permanent residence must be submitted

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

JURISTIC PERSON'S DETAILS

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

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G. 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 NOTICE

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

H. 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		<input type="text"/>									
2	Identity/Passport number of interpreter		<input type="text"/>									
3	Residential address of interpreter		<input type="text"/>									
			4 Postal Code		<input type="text"/>							
5	Postal address of interpreter		<input type="text"/>									
			6 Postal Code		<input type="text"/>							
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)	<input type="text"/>				To (language)	<input type="text"/>					

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)

I. FOR OFFICIAL USE BY THE SECOND-HAND GOODS OFFICE AT STATION / NATIONAL LEVEL

1 WRITTEN REPORT AND COMMENTS ON THE CONTENTS OF THE REPRESENTATIONS

1

[Large area with horizontal dotted lines for writing a report and comments.]

2

[Empty rectangular box for name]

Name of Police Officer/DSO in block letters

4

[Empty rectangular box for rank]

Rank of Police Officer/DSO in block letters

6

.....
Signature of Police Officer/DSO

3

Date [][][][][] - [][][][][]

5

Place [Empty rectangular box]

7

[][][][][][][][] - [][][][][]

Persal number of Police Officer/DSO

J. FOR OFFICIAL USE BY PROVINCIAL / NATIONAL LEGAL SERVICES (Only if Legal Opinion is required)

1

COMMENTS (LEGAL FACTS) REGARDING THE REPRESENTATIONS (If applicable)

A large rectangular area with horizontal dotted lines for writing.

K. FOR OFFICIAL USE BY THE DESIGNATED SECOND-HAND GOODS OFFICER AT STATION / NATIONAL LEVEL

RECOMMENDATION REGARDING THE NOTIFICATION (Indicate with an X)

Recommended		Not recommended	
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³ Reasons for recommendation

4

Name of Police Officer/DSO in block letters

5

Date						-													
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6

Rank of Police Officer/DSO in block letters

7

Place																			
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8
Signature of Police Officer/DSO

9

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Persal number of Police Officer/DSO

10

Comments by Deciding Authority (if any)	
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11

Name of Deciding Authority in block letters

12

Date						-													
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13

Rank of Deciding Authority in block letters

14

Place																			
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15
Signature of Deciding Authority

16

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Persal number of Deciding Authority