



**SOUTH AFRICAN POLICE SERVICE
NOTICE TO WITHDRAW APPLICATION OR NOTIFICATION**

A. PARTICULARS OF POLICE STATION / COMPONENT												
1	Police station/Component where application/notification was submitted											
2	Telephone number of police station	()	³ Fax	()								
4	SAPS 602/603* Register Reference Number											
5	SHG Control System Reference Number											

B. TYPE OF SECOND-HAND GOODS APPLICATION/NOTIFICATION TO BE WITHDRAWN (mark with an X)													
	¹ Application for Registration/Accreditation*		² Application for Temporary Registration		³ Application for Renewal of Registration		⁴ Application for Condonation/Extension of Time						
	⁵ Notification of change of information		⁶ Notification/Re-issuing of Lost, Stolen or Defaced Registration/Accreditation* Certificate		⁷ Notice of Appeal		⁸ Notice of Representations						
	⁹ Other (submit description)												

C. PARTICULARS OF THE APPLICANT, ASSOCIATION, DEALER OR RECYCLER												
	NATURAL PERSON'S DETAILS											
2	Type of identification (indicate with an X)				^{2.1} SA ID				^{2.2} Passport			
3	Identity number											
4	Passport number (if applicable)											
5	Surname						⁶ Initials					
7	^{7.1} Telephone number						^{7.2} Cellphone number					
	BUSINESS DETAILS											
9	Registered business name											
10	Business street address											
11	SHG Registration number (where available)											
	RESPONSIBLE PERSON'S DETAILS											
13	Responsible person (full names and surname)											
14	Type of identification (indicate with an X)				^{14.1} SA ID				^{14.2} Passport			
15	Identity number of responsible person											
16	Passport number of responsible person (if applicable)											
17	^{17.1} Telephone number						^{17.2} Cellphone number					
18	REASON WHY WITHDRAWAL OF THE APPLICATION OR NOTIFICATION IS REQUIRED											
<div style="border-bottom: 1px dotted black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 5px;"></div>												

19
 Name and surname of Person requesting the withdrawal of the Application or Notification

20

Date												
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22

Place	
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21
 Signature of Person requesting the withdrawal of the Application or Notification

*Delete where not applicable

D. FOR OFFICIAL USE BY THE POLICE STATION / COMPONENT

¹ 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)

2	Name and surname of interpreter									
3	Identity/Passport number of interpreter									
4	Residential address of interpreter									
						⁵ Postal Code				
6	Postal address of interpreter									
						⁷ Postal Code				
8	Contact details of interpreter	^{8.1} Home Tel No	()			^{8.2} Cellphone number	()			
		^{8.3} Work Tel No	()			^{8.4} Fax No	()			
		^{8.5} E-mail address								
9	Interpreted from (language)					to (language)				
10	Date									
11	Signature of Interpreter									
12	Place									
13	Rank of Interpreter in block letters (if applicable)									
						¹⁴ Persal number of Interpreter (if applicable)				

¹⁵ CONFIRMATION BY DSO

I, the undersigned hereby confirm that the application/notification* indicated in Section "B" of this form, has been duly withdrawn.

16	Name of Police Officer/ DSO in block letters									
17	Date									
18	Rank of Police Officer/ DSO in block letters									
						¹⁹ Place				
20	Signature of Police Officer/ DSO									
						²¹ Persal number of Police Officer/ DSO				

²² ACKNOWLEDGEMENT BY DECIDING AUTHORITY

I, the undersigned hereby acknowledge the fact that the application/notification* indicated in Section "B" of this form was withdrawn.

23	Name of Deciding Authority in block letters									
24						²⁴ Persal number of Deciding Authority				
25	Rank of Deciding Authority in block letters									
						²⁶ Signature of Deciding Authority				

OFFICIAL DATE STAMP

*Delete if not applicable