



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												
1. SAPS 603 Reference No	NO				YEAR							
2. SHG Control System Ref No												

B. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS RECEIVED	
1. Province	
2. Police station	
3. Component code	

C. FOR OFFICIAL USE BY THE DESIGNATED SECOND-HAND GOODS OFFICER	
1. Outstanding/Additional information required	
2. Persal No	
3. Date	Y Y Y Y - M M - D D
..... 4. Signature of Police Officer / DSO	
..... 5. Rank, Initials and Surname of Police Officer/DSO	
6. Application for Permanent Registration approved	
7. Application for Temporary Registration approved	FROM TO
8. Application for Permanent Registration refused	9. Application for Temporary Registration refused
10. Reason(s) for refusal	
11. Persal No	
12. Date	Y Y Y Y - M M - D D
..... 13. Signature of Deciding Authority	
..... 14. Deciding Authority Code	
..... 15. Rank, Initials and Surname of Deciding Authority	

D. TYPE OF REGISTRATION <small>(Indicate with an X)</small>							
1. Permanent Registration	<input type="checkbox"/>	2. Temporary Registration	<input type="checkbox"/>	3. Period (dates) for which Temporary Registration is required	FROM	TO	
4. Indicate the Principal Business Activity <small>(Indicate with an X)</small>							
General Dealer	<input type="checkbox"/>	Auctioneer	<input type="checkbox"/>	Scrap Metal Dealer	<input type="checkbox"/>		
Motor Vehicle Dealer	<input type="checkbox"/>	Jeweller	<input type="checkbox"/>	Recycler	<input type="checkbox"/>		
5. Indicate the Sub-Category of trade <small>(Indicate with an X)</small>							
Pawnbroker	<input type="checkbox"/>	Communication Equipment Dealer	<input type="checkbox"/>	Antiques Dealer	<input type="checkbox"/>		
Book Dealer	<input type="checkbox"/>	Vehicle Dealer	<input type="checkbox"/>	Motor Vehicle Dealer	<input type="checkbox"/>		
Vehicle Parts Dealer	<input type="checkbox"/>	Motor Vehicle Parts Dealer	<input type="checkbox"/>	Auctioneer	<input type="checkbox"/>		
Jeweller	<input type="checkbox"/>	Vehicle Tyre Dealer	<input type="checkbox"/>	Panel Beater	<input type="checkbox"/>		
Electronic Equipment Dealer	<input type="checkbox"/>	Other	<input type="checkbox"/>	If other, Name:			
6. Indicate the Type of Goods (as per Schedule 1 and 2 of the Act) <small>(Indicate with an X)</small>							
Household and office equipment	<input type="checkbox"/>	Communication equipment (Cell Phones)	<input type="checkbox"/>	Bicycles or any part or accessory thereof	<input type="checkbox"/>		
Factory equipment and machinery or any part or accessory thereof	<input type="checkbox"/>	Photographic or optical instruments or any part or accessory thereof	<input type="checkbox"/>	Antique goods	<input type="checkbox"/>		
Valuables	<input type="checkbox"/>	Sporting equipment	<input type="checkbox"/>	Books	<input type="checkbox"/>		
Shop-fitting equipment	<input type="checkbox"/>	Agricultural implements	<input type="checkbox"/>	Jewellery	<input type="checkbox"/>		
Unwrought precious metal defined in the Precious Metal Act, 2005(Act No. 27 of 2005)	<input type="checkbox"/>	Motor vehicles	<input type="checkbox"/>	Vehicles	<input type="checkbox"/>		
Motor vehicle parts	<input type="checkbox"/>	Vehicle parts	<input type="checkbox"/>	Tyres of any vehicle/motor vehicle or motorcycle	<input type="checkbox"/>		
Controlled Metals	<input type="checkbox"/>	Other	<input type="checkbox"/>	If other, Name:			

E. PARTICULARS OF APPLICANT INCLUDING RESPONSIBLE PERSON(S) AND MANAGER(S)														
(i) NATURAL PERSON														
1. Type of citizenship applicable on Natural Person <small>(Indicate with an X)</small>											1.1 SA citizen		1.2 Non-SA citizen <small>(In case of a non-SA citizen submit proof of permanent residence)</small>	
2. Surname				3. Initial(s)										
4. Full name(s)														
5. Identity number of applicant														
6.1 Passport number of applicant <small>(if any)</small>														
6.2 Country of Issue														
7. Residential address														
8. Postal Code														
9. Name under which business will be conducted														
10. Business address														
11. Postal Code														

12. Postal address															
										13. Postal Code					
14. Contact details	14.1 Home Tel No	()				14.2 Cellphone number									
	14.3 Business Tel No	()				14.4 Fax No		()							
	14.5 E-mail address														

(ii) JURISTIC PERSON

15. OTHER BODIES (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. Business Registration number (See "Other Bodies")															
19. Business Address															
										20. Postal Code					
21. Postal address of Business															
										22. Postal Code					
23. Business contact details	23.1 Business Tel No	()				23.2 Business Fax No		()							
	23.3 Business E-mail address														

(iii) RESPONSIBLE PERSON

24. Type of citizenship applicable on Responsible Person (Indicate with an X)		24.1 SA citizen				24.2 Non-SA citizen (In case of a non-SA citizen submit proof of permanent residence)									
25. Surname						26. Initial(s)									
27. Full name(s)															
28. Identity number of Responsible Person							-								
28.1 Passport number of Responsible Person (if any)									28.2 Country of Issue						
29. Residential address of Responsible Person															
										30. Postal Code					
31. Postal address of Responsible Person															
										32. Postal Code					
33. Contact details of Responsible Person	33.1 Home Tel No	()				33.2 Cellphone number									
	33.3 Business Tel No	()				33.4 Fax No		()							
	33.5 E-mail address														

14. Are you currently registered as a second-hand goods dealer/recycler in terms of the Act? (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							
15. Are there currently any application(s) for registration pending? (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							
Police station							Reference number							
Police station							Reference number							
Police station							Reference number							
16. Was any application in terms of the Act ever refused in the past? (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							
17. 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? (Indicate with an X)														
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If "YES", submit the following details:										
Police station							Police station							
Case number							Case number							
Offence							Offence							
Sentence							Sentence							
18. 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? (Indicate with an X)														
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If "YES", submit the following details:										
Police station							Police station							
Case number							Case number							
Offence							Offence							
Sentence							Sentence							
19. Are you an un-rehabilitated insolvent? (Indicate with an X)														
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If "YES", submit the following details:										
Date of sequestration/liquidation			Y	Y	Y	Y	-	M	M	-	D	D	Details of sequestration/liquidation:	

