



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF CHANGE OF INFORMATION

Section 8 and 10(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 WHERE THE NOTIFICATION IS CAPTURED									
1 SAPS 602/603* Reference No					NO			YEAR	
2 SHG Control System Reference No									

B. TYPE OF NOTIFICATION (Indicate with an X)	
1 Change of Business Address (Sections E; F and L)	
2 Change of Responsible Person or Personal Detail (Sections E; G and L)	
3 Change to Main Category of dealer/Sub-Category of dealer/Classes of Goods (Sections E; H and L)	
4 Changes which do not compromise the validity of registration/accreditation* such as contact details and membership information (Sections E; I and L)	
5 Changes which impacts on the ability of the dealer/association* to meet all or any of the requirements for registration/accreditation* (Sections E; J and L)	
6 Termination of registration/accreditation* by dealer/recycler/association* (Sections E; K and L)	
7 Indicate any other changes not mentioned above	

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

D. FOR OFFICIAL USE BY THE STATION / NATIONAL OFFICE	
1 Outstanding/Additional information required	
2 Persal number	3 Date
<div style="display: flex; justify-content: space-between;"> <div>4 Signature of Police Officer / DSO</div> <div>5 Name of Police Officer/DSO in block</div> </div>	
6 Notification approved (Indicate with an X)	7 Notification refused (Indicate with an X)
8 Reasons for refusal	
9 Persal number	10 Date
<div style="display: flex; justify-content: space-between;"> <div>11 Signature of Deciding Authority</div> <div>12 Deciding Officer</div> <div>13 Name of Deciding Authority in block letters</div> </div>	

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

33 DETAILS OF CURRENT REGISTRATION/ACCREDITATION*			
34 Current registration/accreditation* number	³⁵ Registration/accreditation* certificate serial number	³⁶ Date issued	³⁷ Expiry date

F. CHANGE OF BUSINESS ADDRESS OF DEALER/ASSOCIATION*											
1 Details of new business address											
2 Street Number				³ Street Name							
4 Name of Business Complex (If applicable)								⁵ Shop/Office Number (If applicable)			
6 Suburb											
7 City/Town											
8 Province							⁹ Postal Code				
10 Police Precinct											
11 Reason for change of business address											
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G. APPOINTMENT OF NEW RESPONSIBLE PERSON/ UPDATING OF PERSONAL DETAIL OF RESPONSIBLE PERSON																	
1 Particulars of the new appointed responsible person or personal detail of existing responsible person which must be updated																	
2 Responsible person (full name(s) and surname)																	
3 Nationality				SA citizen					Non-SA citizen**								
4 Type of identification (Indicate with an X)				SA ID					Passport number								
5 Identity number of responsible person																	
6 Passport number of responsible person (If applicable)																	
7 Cellphone number																	
8 Physical address																	
										⁹ Postal Code							
10 Postal address																	
										¹¹ Postal Code							
12 Reason for appointment of a new responsible person (If applicable)																	
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** In case of a non-SA citizen proof of permanent residence must be submitted.
 * Notifications applicable on associations must be forwarded to the National Second-Hand Goods Control Office.

H. CHANGES TO MAIN CATEGORY OF DEALER/SUB-CATEGORY OF DEALER/CLASSES OF GOODS			
1	Indicate the new main category under which the dealer wishes to carry on business		
2	Indicate the new sub-category under which the dealer wishes to carry on business		
3	Indicate the new classes of goods with which the dealer wishes to trade		
4	Motivate the reason for the change of the main category/sub category/new classes of goods		

I. CHANGES WHICH DO NOT COMPROMISE THE VALIDITY OF REGISTRATION/ACCREDITATION*																			
Details of new business/association* name <small>(Only if the ownership/association is not compromised)</small>																			
1	Indicate the new name under which the business/association* will be conducted																		
Details of new contact information of dealer/association*																			
3	Postal address										4 Postal Code								
5	Business contact details	5.1 Tel No					5.2 Fax No												
		5.3 E-mail address																	
Details of SHG Dealers' Association membership <small>(Only applicable on dealers)</small>																			
6	Are you a member of an accredited SHG Dealers' Association representing the field of trade relating to the category of business? <small>(Indicate with an X)</small>				YES		NO		If yes, submit the following details										
7	State name of Accredited Association																		
8	Registration number of Accredited Association																		
9	Membership number				10 Date joined					-			-						
					11 Expiry date					-			-						

J. CHANGES WHICH IMPACTS ON THE ABILITY OF THE DEALER/ASSOCIATION* TO MEET ALL OR ANY OF THE REQUIREMENTS FOR REGISTRATION/ACCREDITATION*											
1.	Describe any changes which impacts on the ability of the dealer/association* to meet all or any of the requirements for registration/accreditation*										

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

K. NOTICE OF TERMINATION OF REGISTRATION/ACCREDITATION* BY THE DEALER/RECYCLER/ASSOCIATION*

1.

Reason(s) for ceasing to carry on as a business/association*

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2.

Date of ceasing to carry on as a business/association*

³ Date					-														
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4.

Have you returned all registration/accreditation* certificates in the event of termination of registration/accreditation? (Indicate with an X)

5.

Yes		No		If "No" submit reason(s)
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L. SIGNATURE OF REPORTING PERSON

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Name of reporting person in block letters

² Date					-														
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3.

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Signature of reporting person

⁴ Place
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5.

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Capacity of reporting person in block letters

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

