



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR ACCREDITATION AS A SECOND-HAND GOODS DEALERS' ASSOCIATION

Section 17 of the Second-Hand Goods Act, 2009 (Act No 6 of 2009)

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE DEPARTMENT WHERE THE APPLICATION IS CAPTURED										
1 Application reference No										

B. FOR OFFICIAL USE BY THE POLICE DEPARTMENT WHERE THE APPLICATION IS RECEIVED			
1	Province		
2	Police station		
3	Component code		
4	Application register reference No	NO	YEAR

C. FOR OFFICIAL USE BY THE PROVINCIAL SECOND-HAND GOODS OFFICER (FLASH)			
1 Outstanding/Additional information required			
		2 PERSAL number	3 Date
4 Signature of police officer		5 Name of police officer in block letters	

D. FOR OFFICIAL USE BY THE NATIONAL SECOND-HAND GOODS OFFICE			
1 Application for accreditation approved (Indicate with an X)			
		2 PERSAL number	3 Date
4 Signature of police officer		5 Deciding Officer Code	6 Name of police officer in block letters
7 Application for accreditation refused (Indicate with an X)			
8 Refusal Reasons:			
		9 PERSAL number	10 Date
11 Signature of police officer		12 Deciding Officer Code	13 Name of police officer in block letters

E. TYPE OF ACCREDITATION (Indicate with an X)	
1	General dealers association
2	Auctioneer association
3	Jeweler association
4	Motor vehicle association
5	Scrap metal dealers association
6	Recyclers association
7	Franchise holders association
8	Communication Equipment association
9	Other (submit description of association)

F. PARTICULARS OF APPLICANT						
JURISTIC PERSON'S DETAILS						
2	<table border="1"> <tr> <th>OTHER BODIES (mark with X)</th> <th>Company</th> <th>Close Corporation</th> <th>Trust</th> <th>Other (describe)</th> </tr> </table>	OTHER BODIES (mark with X)	Company	Close Corporation	Trust	Other (describe)
OTHER BODIES (mark with X)	Company	Close Corporation	Trust	Other (describe)		
3	Name of Association					
4	Trading as name (if any)					
5	Registration number (eg. CC etc) (if any)					
6	Postal address					
	7 Postal Code					
8	Business address					
	9 Postal Code					
10	Business telephone number ^{10.1} Work () ^{10.2} Fax ()					
11	E-mail address					

PARTICULARS OF MAIN ADDRESS (HEAD OFFICE)

13	Business address
	14 Postal Code
15	Postal address
	16 Postal Code
17	Business telephone number ^{17.1} Work () ^{17.2} Fax ()
18	E-mail address

RESPONSIBLE PERSON'S DETAILS

20	Responsible person (full name and surname)
21	Type of identification (Indicate with an X)
	SA ID
	Passport number
22	Identity/Passport number of responsible person
23	Cellphone number
24	Physical address
	25 Postal Code
26	Postal address
	27 Postal Code

28 **PARTICULARS OF PERSONS IN CONTROL OF/OR RESPONSIBLE FOR THE MANAGEMENT OF THE ASSOCIATION OR PARTNERS IN THE CASE OF A PARTNERSHIP**

29

Identity number	Full names	Surname	Capacity

30 **DESCRIBE THE FIELD OF TRADE OR INDUSTRY IN WHICH THE ASSOCIATION WILL REPRESENT IT'S DEALERS**

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31 **DESCRIBE THE MAIN PURPOSE FOR WHICH ACCREDITATION IS REQUIRED AND EXPERIENCE IN THE APPLICABLE FIELD**

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32 **DESCRIBE ANY AFFILIATION OF THE ASSOCIATION TO RELEVANT NATIONAL OR INTERNATIONAL ORGANIZATIONS**

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33

DESCRIBE ANY INTERESTS OR CONFLICT OF INTERESTS WHICH MAY RENDER THE ASSOCIATION UNSUITABLE FOR ACCREDITATION

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34

DESCRIBE THE PROVINCE/AREA/REGION IN WHICH THE ASSOCIATION OPERATES OR FUNCTIONS IN

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35

DESCRIBE THE TIME PERIOD FOR WHICH THE ASSOCIATION HAS EXISTED OR FUNCTIONED AS AN ASSOCIATION

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36

DESCRIBE (WHERE APPLICABLE) THE CRITERIA UPON WHICH THE ASSOCIATION INTENDS TO CLASSIFY IT'S MEMBERS INTO DIFFERENT CATEGORIES

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37

DESCRIBE THE BASIC ELEMENTS OF ANY RESEARCH AND DEVELOPMENT PROGRAMME THAT THE ASSOCIATION MAY HAVE FOR IT'S MEMBERS

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38

DESCRIBE THE BASIC ELEMENTS OF ANY TRAINING PROGRAMMES THE ASSOCIATION MAY HAVE OR RECOMMEND FOR IT'S MEMBERS

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39

DESCRIBE THE MANNER IN WHICH THE ASSOCIATION WILL LAWFULLY DISSEMINATE GENERAL INDUSTRY INFORMATION AMONGST IT'S MEMBERS

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PROVIDE WRITTEN REPRESENTATIONS BY MEMBERS, OTHER PERSONS OR ASSOCIATIONS IN SUPPORT OF THE APPLICATION (PROVIDE NAMES IN SPACE HEREUNDER AND ATTACH PROOF)

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41

PROVIDE ANY OTHER INFORMATION THAT MAY, IN THE OPINION OF THE ASSOCIATION, BE RELEVANT TO ASCERTAIN THE SUITABILITY FOR ACCREDITATION

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42

PROVIDE THE NUMBER OF EXISTING, REGISTERED AND PAID-UP MEMBERS OF THE ASSOCIATION

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43

DECLARATION BY APPLICANT


I am aware that, in terms of Regulation 19 of the Regulations for Accreditation of Second-Hand Goods Associations, 2011, it is an offence to make a false statement in this application and that this application may be cancelled should any of the information furnished in this application were found to be false.

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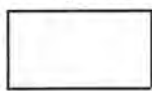
44 Initials and Surname of applicant in block letters

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45 Signature of applicant

G. SIGNATURE OF APPLICANT (Sign only if applicable)

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Right index fingerprint of applicant

2 

Fingerprint designation

3 Date

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4

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Initials and Surname of applicant in block letters

5 Place

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6
Signature of applicant

7 PARTICULARS OF POLICE OFFICER DEALING WITH APPLICATION

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Name of police official in block letters

7.2

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Persal number of police official

7.3

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Rank of police official in block letters

7.4
Signature of police official

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													
2	Identity/Passport number of interpreter													
3	Residential address													
		4 Postal Code												
5	Postal address													
		6 Postal Code												
7	Telephone number	7.1 Home	()	7.2 Work	()									
8	Cellphone number				9 Fax	()								
10	E-mail address													
11	Interpreted from (language)		to											

12 Date

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13
Signature of interpreter

14 Place

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I. FOR OFFICIAL USE BY THE NATIONAL SECOND-HAND GOODS OFFICE

1 RECOMMENDATION REGARDING THE APPLICATION (Indicate with an X)

	Recommended		Not recommended	
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Reasons for recommendation	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			
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Conditions (If any)	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			
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Name of Designated Police Officer in block letters

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Date					-						
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Rank of Designated Police Officer in block letters

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Place											
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Signature of Designated Police Officer

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Persal number of Designated Police Officer