



Office of the KwaZulu-Natal Provincial Regulatory Entity

APPLICATION FOR AMENDMENT OF AN OPERATING LICENSE ADDITIONAL AUTHORITY

Operating Licence Number _____
PRE/Board which issued the operating licence _____
Date of Issue _____ Date of Expiry _____ State the reasons for amendment _____

Existing Association Route: []

New Route: []

SECTION A: OF APPLICANT

Name of company, partnership, corporation or other legal entity, or sole proprietor (surname):

First names, if sole proprietor (not more than 3) _____

Type of identification RSA [] identity document [] Temporary identity document
(tick where applicable and attach [] Passport [] Foreign identity document []

relevant document or certified copy) Founding Statement Certificate of Incorporation Identity no./business registration number _____

Trade name (if applicable) _____

Type of business _____

Postal address _____

Postal code _____ Street

address (if different from postal address) _____

Postal code _____

Telephone Code _____ Number _____

For Office Use Only:

Date Received _____

Signature: _____

STAMP

Cell phone number Number _____

Facsimile number (if any) Code _____ Number _____

E-mail address (if any) _____

Tax Number: _____

SECTION B: OF PERSON RESPONSIBLE FOR A JURISTIC PERSON

In the case of a company, close corporation or other juristic person, of the person responsible to represent it must be supplied:

Surname _____

First names (not more than 3) _____

Identity number _____

Type of identification RSA identity document Passport

(tick where applicable) Other (specify) _____

Telephone Code _____ Number _____

Cell phone number Number _____

Facsimile number (if any) Code _____ Number _____

E-mail address (if any) _____

Letter of Proxy from Juristic person attached

SECTION C: OF CURRENT VEHICLE

Vehicle to be replaced

Vehicle Registration Number _____ Vehicle Make & Model _____

Chassis (VIN) Number _____ Year of Manufacture _____

Engine Number _____

Type of Vehicle Motor Car Minibus Midibus Bus

Other Specify _____

Carrying Capacity _____ Roadworthy certificate or COF Number _____

Expiry Date of Roadworthy Certificate of COF: _____

SECTION D: TYPE OF PUBLIC TRANSPORT SERVICE

Type of Service		Mode		Carrying Capacity	
Scheduled	Scheduled	Bus		35 +	
Tick type of service. You may need to tick more than one	Unscheduled	Midibus		17 - 35	
	Charter	Minibus Taxi		9 - 16	

For Office Use Only:

Date Received _____

Signature: _____

STAMP

	Tourist		Metered Taxi		4 – 8	
	Staff		Other			
	Scholar					
	Courtesy					
	Other (specify)					

In the case of long-distance services, state why passengers cannot use existing transport services and motivate why the proposed service is necessary (supporting documents may be attached):

SECTION E: OF ADDITIONAL ROUTES

In the case of Metered Taxis, please describe the area which will be serviced. If there are more routes, they must be described on a separate sheet of paper.

Describe the FIRST additional route in detail:

Origin (Departure point) _____

Destination _____

Detailed route description (state street names or road numbers and each point where passengers are picked up or set down, and, where applicable, beacons or land marks for each city, town, village or settlement. Vague route descriptions will not be accepted)

Describe the

SECOND additional route in detail:

Origin (Departure point) _____

Destination _____

Detailed route description (state street names or road numbers and each point where passengers are picked up or set down, and, where applicable, beacons or land marks for each city, town, village or settlement. Vague route descriptions will not be accepted)

For Office Use Only:

Date Received _____

Signature: _____

STAMP

SECTION I: DECLARATION BY ASSOCIATION (Where the applicant is a member of a taxi association)

We, (a) _____ (full names),

ID Number: _____

(b) _____ (full names),

ID Number: _____

(c) _____ (full names),

ID Number: _____

the undersigned, duly authorised representatives of the _____
_____ (taxi association), hereby declare that the Executive
Committee of said association agrees to and endorses the application sought by our member in this application
and have provided a letter stating routes to be allocated.

Signature (a) _____

Date _____

Signature (b) _____

Date _____

Signature (c) _____

Date _____

For Office Use Only:

Date Received _____

Signature: _____

STAMP

SECTION F: PROTECTION OF PERSONAL INFORMATION ACT, OF 2013

By signing this document, I/we hereby grant my/our voluntary consent that my/our personal information may be processed, connected, used and disclosed in compliance with the Protection of Personal Information Act, of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purpose in as far as the Provincial Regulatory Entity, in executing its functions in line with the National Land Transport Act, must use my/our information in the performance of its public legal duty. I/We understand that my/our personal information may be disclosed to a third party in as far as the application in terms of the NLTA read with its Regulations in fulfilling its public legal duty. I/we furthermore understand that there are instances in terms of the above-mentioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.

Signature _____

Date YYYY / MM / DD

SECTION J: AFFIDAVIT REGARDING PREVIOUS CONVICTIONS

[In terms of Section 57(2)(b)(iv) of the National Land Transport Act, 2009 (Act No.5 of 2009) and Regulation 18]

I, the undersigned, _____ (full names), hereby make oath/affirmation and say:

I have/have not* been convicted of any of the following offences (state date of conviction and the court involved):

- An offence under the National Land Transport Act, 2009 (Act No.5 of 2009) or any relevant provincial legislation: _____
- An offence under the National Road Traffic Act, 1996 (Act No.93 of 1996) or the Road Traffic Act, 1989 (Act No.29 of 1989) or a provincial road traffic act: _____
- An offence listed in Schedule 1 to the Criminal Procedure Act, 1977 (Act No.51 of 1977), e.g. Murder, rape, etc: _____ • Possession of an unlicensed firearm or dangerous weapon as defined in the Dangerous Weapons Act, 1968 (Act No.71 of 1968), or illegal possession of explosives: _____

I, the undersigned (full name) _____ certify that the information furnished in this affidavit is true and correct.

Signature _____

Date _____

For Office Use Only:	Page 6 of 9
Date Received _____	STAMP
Signature: _____	

Signed and sworn to/affirmed before me at _____ on this _____ day of _____, 20_____ by the deponent who acknowledged that he/she knows and understands the contents of this affidavit.

First Name (s) _____ Surname _____

Rank: _____ Force Number _____

Physical address of Police Station _____

SAPS Commissioner of Oaths

*Delete whichever is not applicable.



SECTION K: DECLARATION BY APPLICANT

I, the undersigned (full name)

_____ certify that the information furnished in this application form is true and correct. I accept that if information supplied in this application is found to be false, the application will be rejected and I may be disqualified from making an application for an operating licence in the future.

Signature _____

Date _____

For Office Use Only:	Page 7 of 9
Date Received _____	STAMP
Signature: _____	

FOR OFFICE USE ONLY

OTHER CONDITIONS IMPOSED BY THE REGULATORY ENTITY (if applicable)

This operating licence is issued subject to the following conditions (or attach conditions imposed as a schedule):

Date of issue: _____

Signature of designated official of the KwaZulu-Natal Provincial Regulatory Entity

Date application received _____

Captured application details on OLAS/ Legiti-mate _____

Reference Number _____

Receipt Number _____

Amount Paid: R _____

Date submitted to Publications _____

Date referred to Planning Authorities _____

Valid from: _____ Valid to: _____

Official's name _____

For Office Use Only:

Date Received _____

Signature: _____

STAMP

