



Office of the KwaZulu-Natal Provincial Regulatory Entity

APPLICATION FOR CHANGE OF PARTICULARS OF AN OPERATING LICENSE

Operating Licence Number _____

PRE/Board which issued the operating licence _____

Date of Issue _____ Date of Expiry _____

State the reasons for amendment _____

SECTION A: CURRENT PARTICULARS OF APPLICANT		SECTION A: UPDATED PARTICULARS OF APPLICANT	
Surname/ Name of company, partnership, corporation or other legal entity, or sole proprietor (surname):		Surname/ Name of company, partnership, corporation or other legal entity, or sole proprietor (surname):	
First names, if sole proprietor (not more than 3)		First names, if sole proprietor (not more than 3)	
Identity no./business registration number		Identity no./business registration number	
Trade name (if applicable)		Trade name (if applicable)	
Type of business		Type of business	
Postal address		Postal address	
Postal code		Postal code	
Street address (if different from postal address)		Street address (if different from postal address)	
Postal code		Postal code	
Telephone number		Telephone number	
Cell phone number		Cell phone number	

<p>For Office Use Only:</p> <p>Date Received _____</p> <p>Signature: _____</p>	<p>STAMP</p>
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Facsimile number (if any)		Facsimile number (if any)	
E-mail address (if any)		E-mail address (if any)	

<u>SECTION B: CURRENT PARTICULARS OF PERSON RESPONSIBLE FOR A JURISTIC PERSON</u>		<u>SECTION B: UPDATED PARTICULARS OF PERSON RESPONSIBLE FOR A JURISTIC PERSON</u>	
Surname/ Name of company, partnership, corporation or other legal entity, or sole proprietor (surname):		Surname/ Name of company, partnership, corporation or other legal entity, or sole proprietor (surname):	
First names, if sole proprietor (not more than 3)		First names, if sole proprietor (not more than 3)	
Identity no./business registration number		Identity no./business registration number	
Trade name (if applicable)		Trade name (if applicable)	
Type of business		Type of business	
Postal address		Postal address	
Postal code		Postal code	
Street address (if different from postal address)		Street address (if different from postal address)	
Postal code		Postal code	
Telephone number		Telephone number	
Cell phone number		Cell phone number	
Facsimile number (if any)		Facsimile number (if any)	
E-mail address (if any)		E-mail address (if any)	

For Office Use Only:

Date Received _____

Signature: _____

STAMP

SECTION C: 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 D: 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:

Date Received _____

Signature: _____

STAMP

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

CHECKLIST OF REQUIRED DOCUMENTS

No.	Form Required	Yes	No
1	Application form – fully completed and signed by applicant		
2	Valid original permit / Operating License (OL)		
3	Original certified copy of Identity document of Applicant		
4	Original copy of the letter from Home Affairs confirming the amendment		
5	Company registration certificate (in case of a company) <ul style="list-style-type: none"> • Original certified copy of Identity Document of representative • Proxy or proxy letter 		
6	Valid tax clearance certificate		

V04052019

Verified By _____ (full name) On : _____ Signed: _____

For Office Use Only: Date Received _____ Signature: _____	STAMP
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