



**Office of the KwaZulu-Natal Provincial Regulatory Entity**

**APPLICATION FOR DECEASED TRANSFER OF AN OPERATING LICENSE**

1. The applicant is the person wanting to acquire the license on the basis of a deceased estate
2. Applicant is advised to withhold purchase of vehicle until the outcome of the application is known.
3. The executor of the estate as well as the transferee should appear before the committee on the day of the hearing.

**PARTICULARS OF OPERATING LICENSE TO BE TRANSFERRED**

Operating License Number \_\_\_\_\_

PRE/Board which issued the operating license \_\_\_\_\_

Date of Issue \_\_\_\_\_

Date of Expiry \_\_\_\_\_

**SECTION A: PARTICULARS 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 document	RSA	<input type="checkbox"/>	identity document	<input type="checkbox"/>	Temporary identity
		<input type="checkbox"/>		<input type="checkbox"/>	
(Tick where applicable and attach certified original Copy)	Passport	<input type="checkbox"/>	Foreign identity	<input type="checkbox"/>	document relevant document or
			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 \_\_\_\_\_

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Cell phone number Number \_\_\_\_\_

Facsimile number (if any) Code \_\_\_\_\_ Number \_\_\_\_\_

E-mail address (if any) \_\_\_\_\_

Tax Clearance Certificate Number: \_\_\_\_\_

**SECTION B: TYPE OF PUBLIC TRANSPORT SERVICE**

Type of Service Scheduled	Scheduled		Mode	Bus		Carrying Capacity	35 +	
Tick type of service. It may be necessary to tick more than one	Unscheduled			Midibus			17 – 35	
	Charter			Minibus Taxi			9 – 16	
	Tourist			Metered Taxi			4 – 8	
	Staff			Other	_____			
	Scholar							
	Courtesy							
	Other (specify)							

In the case of transfer, have the services been provided continuously for a period of 180 days prior to the date of application?  YES  NO

If no, give reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Letter of Proxy from Juristic Person attached

**SECTION C: PARTICULARS OF CONTRACT (in the case of a contracted service)**

Type of Contract:  Commercial Service Contract  
 Subsidised  Service Contract  
Negotiated Contract

Contract Reference Number: \_\_\_\_\_

Name of Parties to the Contract: 1. \_\_\_\_\_  
2. \_\_\_\_\_

Address of Parties to the Contract:

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1. \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Name of Sub-Contractor (if applicable) \_\_\_\_\_

Address of Sub-Contractor \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Duration of Contract: From \_\_\_\_\_ to \_\_\_\_\_

**SECTION D: TIME TABLES AND FARE TABLES (in the case of a contracted, scheduled service)** If a

revision of time tables and/or fare tables is required in conjunction with this transfer, please enclose a copy of the revised time tables and/or fare tables.

**SECTION E: PARTICULARS OF CURRENT OPERATING LICENSE HOLDER (Deceased)** Surname/name of company, corporation or other juristic persons:

First names (not more than 3) \_\_\_\_\_

Type of identification document	RSA	<input type="checkbox"/>	identity document	<input type="checkbox"/>	Temporary identity
		<input type="checkbox"/>		<input type="checkbox"/>	
(tick where applicable and attach identity document		<input type="checkbox"/>	Passport	<input type="checkbox"/>	Foreign

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 \_\_\_\_\_

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Telephone Number                      Code \_\_\_\_\_ Number \_\_\_\_\_  
Cellphone Number                      Number \_\_\_\_\_  
Facsimile number (if any)              Code \_\_\_\_\_ Number \_\_\_\_\_  
E-mail address (if any) \_\_\_\_\_

**SECTION F: DECLARATION OF COMPLIANCE WITH LABOUR LAWS**

I, \_\_\_\_\_ (name of operator), hereby  
declare that, should I be granted this transfer, I undertake to comply with labour laws in respect of  
drivers and other staff, as well as sectorial determinations of the Department of Labour.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**SECTION G: 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 \_\_\_\_\_

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**SECTION H: 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), eg. 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, certify that the information furnished in this affidavit form is true and correct.

**Signature (applicant)** \_\_\_\_\_ **Date** \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_  
**Commissioner of Oaths (Signature)**



SAPS

\*Delete whichever is not applicable.

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**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 G: DECLARATION BY APPLICANT & TRANSFEROR (represented by executor)**

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

Full Names (applicant) \_\_\_\_\_

Signature (applicant) \_\_\_\_\_ Date \_\_\_\_\_

Full Names (transferor) \_\_\_\_\_

Signature (transferor) \_\_\_\_\_ Date \_\_\_\_\_

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**OTHER CONDITIONS IMPOSED BY THE REGULATORY ENTITY (if applicable)**

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

\_\_\_\_\_  
\_\_\_\_\_

Date of issue: \_\_\_\_\_

\_\_\_\_\_

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

**OPERATING LICENSE PARTICULARS** In the case of additional operating licenses, provide the same particulars on a separate sheet as an attachment.

Operating License Number: \_\_\_\_\_

Valid from: \_\_\_\_\_ Valid to: \_\_\_\_\_

Captured application details on OLAS/Legit-mate: \_\_\_\_\_

Date submitted to publications: \_\_\_\_\_

Date referred to Planning authorities \_\_\_\_\_

Date application received \_\_\_\_\_

Reference Number \_\_\_\_\_

Receipt Number \_\_\_\_\_

Amount Paid: R \_\_\_\_\_

Official's name \_\_\_\_\_

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Signature: \_\_\_\_\_

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