



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

**APPLICATION FOR CHARTER SERVICES**

1. An operating license may authorise the holder to undertake pre-booked charter Services in the areas or zones as specified by the entity granting the operating license
2. Which may or may not be in addition to other services authorised by that license?
3. If the operating license specifies an area for picking up passengers such a vehicle  
May:
  - a. Leave the area or zone described in the operating license if, on the return Journey, it is to carry the same passengers that it carries on the outward journey or if the vehicle is to return to that area empty; and
  - b. Pick up passengers outside that area or zone if the fare is pre-booked and the passengers will return to such area.
4. Where application is made for an operating license for vehicle hires with drivers as charter services, the entity granting the operating license must evaluate whether the services should rather be provided as metered taxi services, and, if it grants the application for a charter service, should attach appropriate conditions.

**PARTICULARS OF EXISTING OPERATING LICENCE**

Operating Licence Number \_\_\_\_\_

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

Date of Issue YYYY / MM / DD

Date of Expiry YYYY / MM / DD

**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	RSA identity document	<input type="checkbox"/>	Temporary identity document	<input type="checkbox"/>
(tick where applicable and attach relevant document or certified copy)	Passport	<input type="checkbox"/>	Foreign identity document	<input type="checkbox"/>
	Founding Statement	<input type="checkbox"/>	Certificate of Incorporation	<input type="checkbox"/>

Identity no./business registration number \_\_\_\_\_

Trade name (if applicable) \_\_\_\_\_

Type of business \_\_\_\_\_

Postal address \_\_\_\_\_

Postal code \_\_\_\_\_

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Street address (if different from postal address)

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

Postal code \_\_\_\_\_

Telephone number Code \_\_\_\_\_ Number \_\_\_\_\_

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

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

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

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

**SECTION B: PARTICULARS OF PERSON RESPONSIBLE FOR A JURISTIC PERSON**

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

Surname

\_\_\_\_\_

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

Identity number \_\_\_\_\_

Type of identification (tick where applicable) RSA identity document  Passport   
Other (specify)  \_\_\_\_\_

Telephone number Code \_\_\_\_\_ Number \_\_\_\_\_

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

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

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

Proxy Letter attached

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

Type of Service	Scheduled		Mode	Bus		Carrying Capacity	35 +	
Tick type of service. It may be necessary to tick more than one	Scheduled			Midibus			17 - 35	
	Unscheduled			Minibus Taxi			9 - 16	
	Charter			Metered Taxi			4 - 8	
	Tourist			Other				
	Staff							
	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 D: PARTICULARS OF VEHICLE**

Where the vehicle is not already owned, state next to Vehicle Registration Number, "Still to be acquired". (Applicants are advised to withhold purchase of vehicles until the outcome of the application is known)

**Vehicle**

Vehicle Registration Number \_\_\_\_\_

Chassis (VIN) Number \_\_\_\_\_

Engine Number \_\_\_\_\_

Vehicle Make \_\_\_\_\_

Year of Manufacture \_\_\_\_\_

Type of Vehicle    Motor Car     Minibus     Midibus

Bus      Other Specify \_\_\_\_\_

Carrying Capacity \_\_\_\_\_ Roadworthy certificate or COF Number \_\_\_\_\_

Expiry Date of Roadworthy Certificate of COF: YYYY / MM / DD

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**SECTION E: PARTICULARS OF 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 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 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)

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

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Describe the THIRD route in detail:

Origin (Departure point)

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Destination

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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)

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Describe the FOURTH route in detail:

Origin (Departure point)

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Destination

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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)

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Describe the FIFTH route in detail:

Origin (Departure point)

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Destination

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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)

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Describe the SIXTH route in detail:

Origin (Departure point)

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Destination

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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)

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

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Describe the SEVENTH route in detail:

Origin (Departure point)

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Destination

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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)

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Describe the EIGHTH route in detail:

Origin (Departure point)

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Destination

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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)

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

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

I, \_\_\_\_\_ (name of operator),  
hereby declare that in the conduct of the public transport services for which I am responsible,  
I will comply with labour laws in respect of drivers and other staff, as well as sectorial  
determinations of the Department of Labour.

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

Date: YYYY / MM / DD

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

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**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 YYYY / MM / DD

Signature (b) \_\_\_\_\_ Date YYYY / MM / DD

Signature (c) \_\_\_\_\_ Date YYYY / MM / DD



**SECTION J:**

**AFFIDAVIT REGARDING**

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

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**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:

\_\_\_\_\_

\_\_\_\_\_

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:

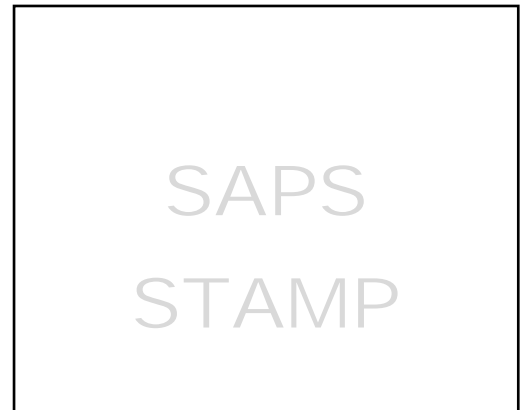
\_\_\_\_\_  
\_\_\_\_\_

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

Signature \_\_\_\_\_ Date YYYY / MM / DD

\_\_\_\_\_  
SAPS Commissioner of Oaths

\*Delete whichever is not applicable.



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Date Received \_\_\_\_\_

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

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**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 LICENSE in the future.

Signature \_\_\_\_\_ Date YYYY / MM / DD

For Office Use Only:

Date Received \_\_\_\_\_

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

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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: YYYY / MM / DD

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

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

**Operating LICENSE**

Operating LICENSE Number: \_\_\_\_\_

Valid from: YYYY / MM / DD Valid to: YYYY / MM / DD

Captured application details on OLAS/Legiti-Mate: YYYY / MM / DD

Date submitted to publications: YYYY / MM / DD

Date referred to Planning authorities YYYY / MM / DD

**FOR OFFICE USE ONLY**

Date application received YYYY / MM / DD

Captured application details on OLAS YYYY / MM / DD

For Office Use Only:

Date Received \_\_\_\_\_

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

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**CHECKLIST OF REQUIRED DOCUMENTS**

REQUIREMENT/S	METERED TAXI	MINIBUS	MIDIBUS	BUS SERVICE	Received	
<b><u>Charter Service Application</u></b>						
Application form – fully completed and signed by applicant	Yes	Yes	Yes	Yes		
Original certified copy of Identity Document of the applicant	Yes	Yes	Yes	Yes		
Company registration certificate (in case of a Juristic Person)	Yes	Yes	Yes	Yes		
· Original certified copy of Identity Document of representative						
· Proxy letter						
Proof of motor vehicle insurance	Yes	Yes	Yes	Yes		
Original valid tax clearance certificate/ correspondence from SARS on pin allocation and printed valid copy of the valid tax clearance.	Yes	Yes	Yes	Yes		
Proof of passenger liability insurance	Yes	Yes	Yes	Yes		
Proof of holding area for vehicles (i.e. lease or town planning approval)	Yes	Yes	Yes	Yes		

\_\_\_\_\_

Date

\_\_\_\_\_

Name and Surname of Verifier

\_\_\_\_\_

Signature

For Office Use Only:

Date Received \_\_\_\_\_

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

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