



**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 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

Temporary identity document

(Tick where applicable and attach relevant document or certified original Copy)

Passport

Foreign identity document

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 \_\_\_\_\_

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

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

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

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

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**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	
				Other				
	Staff							
	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?

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:

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

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

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

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

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

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

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

Duration of Contract: From YYYY / MM / DD to YYYY / MM / DD

**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  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 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: YYYY / MM / DD

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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 YYYY / MM / DD

Signature (b) \_\_\_\_\_

Date YYYY / MM / DD

Signature (c) \_\_\_\_\_

Date YYYY / MM / DD



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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 YYYY / MM / DD

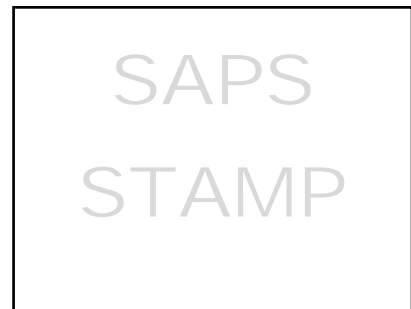
Signed and sworn to/affirmed before me at \_\_\_\_\_ on this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ by the deponent who  
acknowledged that he/she knows and understands the contents of this affidavit.

First Name (s) \_\_\_\_\_ Surname \_\_\_\_\_

Rank: \_\_\_\_\_ Force Number \_\_\_\_\_

Physical address of Police Station \_\_\_\_\_

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



\*Delete whichever is not applicable.

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**SECTION I: 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 YYYY / MM / DD

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

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

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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 additional operating licenses, provide the same particulars on a separate sheet as an attachment.

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

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

Captured application details on OLAS/Legit-mate: YYYY / MM / DD

Date submitted to publications: YYYY / MM / DD

Date referred to Planning authorities YYYY / MM / DD

Date application received YYYY / MM / DD

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

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

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

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

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**CHECKLIST OF REQUIRED DOCUMENTS**

REQUIREMENT/S	METERED TAXI	MINIBUS	MIDIBUS	BUS SERVICE	Received	
<b>Deceased Transfer Application</b>						
Application form – fully completed and signed by applicant	Yes	Yes	Yes	Yes		
Original certified copy of Identity Document of applicant and Deceased	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						
Valid / Active original permit / Operating License (OL) and Route Annexure (Annexure 1)	Yes	Yes	Yes	Yes		
The following original certified documents:	Yes	Yes	Yes	Yes		
· Letter of authority and next of kin affidavit; or	Yes	Yes	Yes	Yes		
· Letter of executorship and a will; or	Yes	Yes	Yes	Yes		
· Final liquidation and distribution account; or	Yes	Yes	Yes	Yes		
· Certified letter of appointment determining the heir	Yes	Yes	Yes	Yes		
Active original permit and a letter from Association on allocation of routes in case of radius permit	Yes	Yes	Yes	No		
Certified original copy of death certificate (if applicable)	Yes	Yes	Yes	Yes		
Certified original copy of marriage certificate (if applicable)	Yes	Yes	Yes	Yes		
Letter of recommendation or an affidavit in support of the application (if any)	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		

Date

Name and Surname of Verifier

Signature

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

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