

Office of the KwaZulu-Natal Provincial Regulatory Entity

APPLICATION FOR AMENDMENT OF AN OPERATING LICENSE CHANGE OF TIMETABLES and/or FARES

[In terms of Section 58(1) of the National Land Transport Act, 2009 (Act No.5 of 2009)]

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 Passport Foreign identity document Founding Statement relevant document or certified copy) 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_____ Code Number _____ Telephone Number____ Cell phone number Code Number_____ Facsimile number (if any) 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 corpo	oration 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	RSA identity document Passport
(tick where applicable)	Other (specify)
Telephone number	CodeNumber
Cell phone number	Number
Facsimile number (if any)	CodeNumber
E-mail address (if any)	
Letter of Proxy from Juristic Po	erson attached
SECTION C: PARTICULARS OF	EXISTING OPERATING LICENCE AND REASONS FOR AMENDMENT
Operating Licence Number	
PRE/Board which issued the o	perating licence
Date of Issue YYYY / MM	Date of Expiry YYYY / MM / DD
State the reasons for amendm	nent
	

SECTION D: TYPE OF PUBLIC TRANSPORT SERVICE

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

SECTION E: PARTICULAR	RS OF CONTRACT (in the case of a	contracted service)
Type of Contract:	Commercial Service Cont	ract Subsidised Service Contract
	Negotiated Contract	
Contract Reference Num	nber:	
Name of Parties to the O	Contract: 1	
	2	
Address of Parties to the	e Contract:	
1		
		Code:
2.		
		Code:
Name of Sub-Contractor	r (if applicable)	
Address of Sub-Contract	cor	
		-
		Code:
		(in the case of a contracted, scheduled service) /or fare tables have changed. If necessary,
attach a separate sched		To lare tables have changed. If hecessary,
accuerra separace serieu	are to this application.	
SECTION G: DECLARATION	ON OF COMPLIANCE WITH LABOU	UR LAWS
ı		(name of operator), hereby
		es for which I am responsible, I will comply
		vell as sectoral determinations of the
Department of Labour.	ect of univers and Utilet Staff, as V	ven as sectoral determinations of the
Department of Labour.		
Signed:		Date: YYYY / MM / DD

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: ١ С

I have/have not* been convid	cted of any of the following offences (state date of co	onviction and the
court involved):		
	e National Land Transport Act, 2009 (Act No.5 of 2009)	
	e National Road Traffic Act, 1996 (Act No.93 of 1996) of 1989) or a provincial road traffic act:	or the Road Traffic
	chedule 1 to the Criminal Procedure Act, 1977 (Act N	,, ,
	censed firearm or dangerous weapon as defined in the Act No.71 of 1968), or illegal possession of explosives	-
I, the undersigned (full name)	certify
that the information furnishe	ed in this application form is true and correct.	
Signature	Date YYYY / MM / D	D
	d before me at	
	, 20 by the deponent nows and understands the contents of this affidavit.	t wild
_	Surname	
	ank: Force Number	
	tion	

SAPS Commissioner of Oaths

^{*}Delete whichever is not applicable.

SECTION I: 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	e false, the application will be rejected and I		
may be disqualified from making an application for a	n operating licence in the future.		
Signature	Date YYYY / MM / DD		
FOR OFFICE USE ONLY			
OTHER CONDITIONS IMPOSED BY THE REGULATORY	'ENTITY (if applicable)		
This operating licence is issued subject to the followi	·		
schedule):			
Date of issue: YYYY / MM / DD			
Signature of designated official of the KwaZulu-Natal Provincial F	Regulatory Entity		
Date application received	YYYY / MM / DD		
Captured application details on OLAS/Legiti-mate	YYYY / MM / DD		
Reference Number			
Receipt Number			
Amount Paid: R			
Date submitted to Publications	YYYY / MM / DD		
Date referred to Planning Authorities	YYYY / MM / DD		
Valid from: YYYY / MM / DD Valid	d to: YYYY / MM / DD		
Official's name			

CHECKLIST OF REQUIRED DOCUMENTS

No.	Form Required	Yes	No
1	Application form – fully completed and signed by applicant		
2	2 Original certified copy of Identity Document of applicant or proxy		
3	3 Juristic Person registration certificate (in case of a company)		
	Original certified copy of Identity Document of representative		
	Proxy or proxy letter		
4	Certified copy of Valid / Active original permit / Operating Licence (OL) and Route		
	Annexure (Annexure 1)		
5	Original valid tax clearance certificate		
6	Letter or document of recommendation in support of the application (if any).		
7	Proof of consultation with affected stakeholders		
8	Schedule/ Time table: existing and proposed		
9	Fare table: existing and proposed		