



Office of the KwaZulu-Natal Provincial Regulatory Entity

APPLICATION FOR DECEASED TRANSFER OF AN OPERATING LICENSE

(In terms of Section 58 of the National Land Transport Act, 2009 (Act No.5 of 2009) read with Regulation 6)

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 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 Code _____ Number _____

Cell phone number Number _____

Facsimile number (if any) Code _____ Number _____

E-mail address (if any) _____

Tax Clearance Certificate Number:

Letter of Proxy from Juristic Person attached

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?

 YES

 NO

If no, give reasons: _____

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) _____

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 documentrelevant 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 sectoral determinations of the Department of Labour.

Signed: _____

Date: YYYY / MM / DD

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) _____

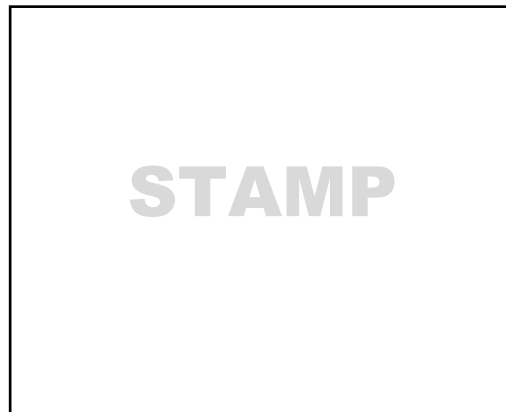
Date YYYY / MM / DD

Signature (b) _____

Date YYYY / MM / DD

Signature (c) _____

Date YYYY / MM / DD



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

*Delete whichever is not applicable.

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

FOR OFFICE USE ONLY**OTHER CONDITIONS IMPOSED BY THE REGULATORY ENTITY (if applicable)**

This operating license is issued subject to the following conditions (or attach 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 _____

CHECKLIST OF REQUIRED DOCUMENTS

No.	Form Required	Yes	No
1	Application form – fully completed and signed by applicant		
2	Original certified copy of Identity Document of applicant and Deceased		
3	Juristic Person registration certificate <ul style="list-style-type: none"> • Original certified copy of Identity Document of representative • Proxy letter 		
4	Valid / Active original permit / Operating License (OL) and Route Annexure (Annexure 1)		
5	The following original certified documents: <ul style="list-style-type: none"> • Letter of authority and next of kin affidavit OR • Letter of executorship and a will OR • Final liquidation and distribution account OR • Certified letter of appointment determining the heir 		
6	Active original permit and a letter from Association on allocation of routes in case of radius permit		
7	Certified original copy of death certificate (if applicable)		
8	Certified original copy of marriage certificate (if applicable)		
11	Letter of recommendation or an affidavit in support of the application (if any)		
12	Original valid tax clearance certificate		
13	Quotation (or purchase invoice) for Passenger liability Insurance to the value of R1 million per passenger per seat.		

Date

Name and Surname of Verifier

Signature