



**Office of the KwaZulu-Natal Provincial Regulatory Entity**  
**APPLICATION FOR TEMPORARY REPLACEMENT OF VEHICLE**

Requested period for replacement of vehicle:

YYYY / MM / DD until YYYY / MM / DD

**PARTICULARS OF EXISTING OPERATING LICENSE**

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

Date of Issue: YYYY / MM / DD Date of Expiry: YYYY / MM / DD

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

**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) \_\_\_\_\_

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) \_\_\_\_\_

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

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

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**SECTION B: SERVICE CHARACTERISTICS**

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)							

**SECTION C: PARTICULARS OF VEHICLE**

Vehicle to be replaced(existing vehicle):

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

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

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

Vehicle Make & Model \_\_\_\_\_

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

Type of Vehicle  Motor Car  Minibus  Midibus  Bus  
 Other Specify \_\_\_\_\_

Carrying Capacity \_\_\_\_\_

Replacement Vehicle(temporary vehicle):

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

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

Vehicle Make & Model \_\_\_\_\_

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 or COF: YYYY / MM / DD

<p>Date Received _____</p> <p>Signature: _____</p>	<h1>STAMP</h1>
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**SECTION D: LEASE AGREEMENT**

I/ We \_\_\_\_\_, ID Number/ Company registration Number \_\_\_\_\_  
\_\_\_\_\_ hereby lease a vehicle bearing Registration Number \_\_\_\_\_  
from (name of Juristic person/ Individual) \_\_\_\_\_  
ID Number / Company Registration Number \_\_\_\_\_ for a  
period from YYYY / MM / DD to YYYY / MM / DD.

\_\_\_\_\_  
Applicant Signature ( Lessee) YYYY / MM / DD

\_\_\_\_\_  
Vehicle Owner Signature: (Lessor) YYYY / MM / DD

**Restrictions apply**

- NB:**
- 1. Vehicle Lease agreement not to exceed a period of 12 months**
  - 2. Lessee to provide a copy of ID/ Company registration Documents**

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Date Received _____	
Signature: _____	

**FOR OFFICE USE ONLY**

Date application received YYYY / MM / DD

Reference number \_\_\_\_\_

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

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

**PERIOD OF VALIDITY FOR TEMPORARY VEHICLE REPLACEMENT**

Valid from: YYYY / MM / DD

Valid to: YYYY / MM / DD

**EXISTING LICENSE NUMBER**

Valid from: YYYY / MM / DD

Valid to: YYYY / MM / DD

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

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

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**CHECKLIST OF REQUIRED DOCUMENTS**

REQUIREMENT/S	METERED TAXI	MINIBUS	MIDIBUS	BUS SERVICE	Received	
<b><u>Temporary Replacement Application</u></b>						
Application form – fully completed and signed by applicant	Yes	Yes	Yes	Yes		
Original certified copy of Identity Document of 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						
Original certified copy of valid Permit / Operating License	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		
Valid copy of COR/COF corresponding with logbook	Yes	Yes	Yes	Yes		
Original certified copy of Professional Driver's Permit (PrDP)	Yes	Yes	Yes	Yes		
Proof of passenger liability insurance.	Yes	Yes	Yes	Yes		
Affidavit from Applicant regarding the reason for the Temporary license application	Yes	Yes	Yes	Yes		

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Name and Surname of Verifier**

\_\_\_\_\_ **Signature**

Date Received _____ Signature: _____	<h1 style="margin: 0;">STAMP</h1>
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