

DEPARTMENT OF TRANSPORT

National Public Transport Regulator NATIONAL LAND TRANSPORT ACT, 2009 (ACT No. 5 OF 2009)

APPLICATION FOR THE GRANTING, RENEWAL, AMENDMENT, TRANSFER OR CONVERSION OF ALL OPERATING LICENCE OR PERMIT FOR INTERPROVINCIAL SERVICES

SECTION A (Compulsory for all application types)

TYPE OF APPLICATION		
This application is for:		Annual Marie De Volument Station (Model Commission (Marie 1997) 1881 1997 1997 1997 1997 1997 1997
Application type:		Compulsory sections to be completed by applicant
1) New operating licence		A, B, C, F, G, H, K, L
2) Transfer of an operating licence or pen	mit	A, B, C, D, E, F, G, H, K, L
3) Amendment of an operating licence or	permit for:	A, B, C, D, F, G, H, K, L
a) Additional authority		
b) Amendment or route or area		
c) Change of particulars		
d) Amendment of timetables, tariffs or c	other conditions	
f) Replace existing vehicle		
g) OL for recapitalized vehicle		
4) Renewal of an operating licence or perr	mit	A, B, C, D, F, G, H, K, L
5) Conversion of an permit to an operating	licence	A, B, C, D, F, G, H, K, L
SECTION B (Compulsory for all	COMPANIA OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF THE PR	
PARTICULARS OF APPLICANT		
Name of company, partnership, corporation or other legal entity, or sole proprietor		
First names, if sole proprietor, (not more than 3)		
Type of identification	RSA Identity document	
* Attach a certified copy	Passport Passport	Temporary identity certificate
	Founding statement	Foreign identity document Certificate of incorporation
	Memorandum of Understanding	Certificate of incorporation Partnership Agreement

SECTION B (Compulsory for all a	pplica	ation	ı ty	pes)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	was areas	TITLE			गडाग्टामहा ह	20.61 223	arece seri	187535			gmange,	ולטפוט	11.50
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Trade name (if applicable)																								
Type of business		T	T	Ī	T																			
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E-Mail address (if any)																			ا					
Income tax registration number																		<u> </u>	_					
(Attach an original Tax Clearance Certifical	te)																							
SECTION C (Compulsory for all	annli	catio	on t	vne	ر م ا																			
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First names (not more than 3)																								
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Type or identification	RS	A Ide	entity	y doc	cume	nt				F	ass	port												
	Oth	ner (s	spec	ify)																				
Telephone number												С	ode			\prod								
Cell number																								

FORM 1A PAGE 3 Identity no. / Passport no. / business registration number Trade name (if applicable) Type of business Postal address and code Postal code Street address (if different from postal address) Domicilium citandi et executandi Postal Code Telephone number(s) Code Code Facsimile number (if any) Code E-Mail address (if any) Income tax registration number (Attach an original Tax Clearance Certificate) SECTION C (Compulsory for all application types) 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 given: Surname First names (not more than 3) Identity number Type or identification RSA Identity document Passport Other (specify) Telephone number Code Cell number SECTION D (Compulsory for application types 2, 3, 4 and 5) PARTICULARS OF EXISTING OPERATING LICENCE OR PERMIT (in the case of an application for renewal, amendment, transfer or conversion) Operating licence number/permit number REGULATORY ENTITY which issued the operating licence/permit Date of issue Expiry date

Attach a certified copy of operating licence or permit. A permit must first be converted to an operating licence before it may be renewed, amended or transferred. The original permit must be handed in upon upliftment of operating licence.

SECTION E	(Compulsory	for a	pplication	type	2)

	ENTITIY TO WHICH THE OPERATING LICENCE IS TO BE TRANSFERRE	
in the case of an application for t	ransfer)	
Name of company, partnership, corporation or other legal entity, or sole proprietor First names, if sole proprietor (not more than 3)		
Type of identification * Attach a certified copy	RSA Identity document Passport Temporary identity certificate Foreign identity document	
	Founding statement Certificate of incorporation Founding Agreement Partnership Agreement	
Identity no. / Passport no. / business registration number		I
Trade name (if applicable)		$\frac{\perp}{1}$
Type of business		+
Postal address and code	Postal code	+
Street address (if different from postal address) Domicilium citandi et executandi	Postal Code	
Telephone number(s)	Code	
Facsimile number (if any)	Code	
E-Mail address (if any)		
Income tax registration number		
*Attach an original Tax Clearance Certific * Include written consent or transferor	cate)	

SECTION F (Compulsory for all application types)

TYPE OF PUBLIC TRANSPORT SERVICE

(Tick type of service: it may be necessary to tick more than one)

Type of service

* Please attach a certified copy of the contract between the operator and school or other educational institution or

Scheduled bus service	Minibus taxi-type service	
Staff service	Charter service	
Courtesy service	Metered taxi service	
*Scholar service	Other services	

etter of authorisation from the principal or																				
authorised administrative officer. *Attach																				
certified copies of the professional driving																				
permits of all the drivers to be used for																				
this service	_																			
Other type of service (describe)																				
Outor type of defining (and)																				
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i.		$\overline{\neg}$																		
Number of passengers that will be carried																				
di a diatana conico otato																				
In the case of long distance service, state																				
why passengers cannot use existing	ļ																			
transports services and motivate why the																				
proposed service is necessary																				
(supporting documents may be attached)																				
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In the case of a renewal, amendment,			YE	s	l		Ν	0	Ì											
transfer or conversion, have the services	L						-													
been provided continuously for a period																				
of 180 days prior to the date of																				
application?																				
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If NO, give reasons																				
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* Any recommendations or documentation	in support	t of t	his apı	olicatio	on ma	ay be	atta	ched.												
SECTION G		er Green									Tarina James	. (G. 9)	1005			7 k 45.		r Tojul		
PARTICULARS OF ROUTES																				
(Not applicable for Charter Serv	ices er	м I	leter	T ha	axis	۱,									4ų					
(Not applicable for Charter Serv	ices ai	IQ II	lotoi		un.	.0.						<u>(2084).</u>	<u>01, 18</u>	N. S. C.	VICES.	<u> </u>	<u>Supplied and a contract of the contract of th</u>	<u> Marialia</u>	<u> </u>	استفسال ورند
Describe the FIRST route in detail																				
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Destination										L					Ĺ					
Route description (State street names of																				
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)																			_	
not be accepted)																				
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Describe the SECOND route in detail ((Com	olete	for ap	plic	catio	n of a	addi	tiona	ıl sei	vice	e)																	
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Destination								Ī	İ	I					I	l			 	T	$\frac{\perp}{T}$	I T	_ <u></u> _	_	_	L	L 	L T
Route description (State street names 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 winot be accepted)	1																											
If there are more routes, they must be d	escrib	ped or	n a se	epar	rate :	shee	t of	pape	er)																		-	
In the case of Metered Taxis please describe the area which will be serviced	:															-			,									
SECTION H (Compulsory for a					/pes	s)							2 10.					-						-				
State the authorised ranks and terminals used or to be used	· · · ·		1.5									Tim JA							79 - 79 - 17 - 17 - 17 - 17 - 17 - 17 -									
SECTION I	7744																			_								_
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A certified copy of the contract is to be at	tache	d. (No	ote: C	nly	con	tracts	s wit	h Na	ation	al, F	Provi	ncia	al or	r lo	cal	sph	ere	e of	go	vern	me	nt.)						
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Name of sub-contractor (if applicable)																	
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SECTION J																	
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attached as Annexure.					·-·												
SECTION K (Compulsory for all	applica	tion typ	es)	· · · · · · · · · · · · · · · · · · ·			1 200		energie								
DECLARATION																	
I the undersigned (full name)																	
Certify that the information furnished in this									• • • • • • • • • • • • • • • • • • • •						,,,,,,		
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SECTION L (Compulsory for all application types)

For a new application please indicate the	e type of vehi	cle/s th	at yo	ou in	tenc	d to p	ourc	nase	(if n	o ve	hicl	e is	own	ed a	t pre	sen	t):					
*Please note that operating licences are	granted per v	/ehicle	The	refo	re, t	he a	pplic	ant i	s re	quire	ed to	o pay	y the	e fee	for	each	vel	nicle	liste	d in t	his	
application. If applications are made for							ttac	néas	ера	arate	pa	ge c	onta	inin	g the	det	ails	belo	W.			
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Make of vehicle																						
Number of passengers to be carried																						
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SECTION M - FOR OFFICIAL USE ONLY

This operating licence is issued subject to the foliowing conditions. * Or attach conditions imposed as a schedule Date of issue V	OTHER CONDITIONS IMPOSED BY THE REGULATORY EN	TITY (If applicable)
*Or attach conditions imposed as a schedule Date of issue VYYYY M M M D D Signature of designated official of Regulatory Entity OPERATING LICENCE PARTICULARS Operating Licence 1 Operating Licence 1 Operating Licence number Valid from VYYYY M M M D D D Captured application details OLAS VYYYY M M M D D D Date submitted to Publications VYYYY M M M D D D Operating Licence 2 Operating Licence 3 Operating Licence 4 Operating Licence 4 Operating Licence 4 Operating Licence 5 Operating Licence 6 Operating Licence 7 Operating Licence 9	This operating licence is issued subject to	
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Date referred to PREs and Planning Authority		
*In the case of more opera	ring licences, provide the same particulars on a separate sheet as an attachment.	
FOR OFFICE USE	DNLY	
Date Application received		
Captured application detail	s OLAS / / / /	
Reference number		
Receipt number		
Amount paid	R	
Date submitted to Publicat	ons Y Y Y Y M M D D	
Date referred to OREs and Authority	Planning Y Y Y Y M M D D D	
Valid from	ubmitted to Publications	
Official's name		

CHECKLIST		
A certified copy of one of the following:	RSA Identity Document	
	Passport	
	Temporary RSA Identity Document	
	Foreign Identity Document	
	Partnership Agreement	
	Board Resolution/Founding agreement	
Valid Tax Clearance Certificate		
Valid vehicle licence and registration		
Written consent of transferor in the case of a transfer	and a certified coy of transferor's operation licence or permit	
Has signed a statement to the effect that he or she or	it, will comply with labour laws in respect of drivers and other staff, as well as	
sectoral determinations of the Department of Labour		
Letter or document of recommendation in support of t	he application (if any)	