

******** PROVINCIAL REGULATORY ENTITY

NATIONAL LAND TRANSPORT ACT, 2009 (ACT NO. 5 OF 2009)

APPLICATION FOR THE GR	ANTING, RENEWAL, AME OPERATING LICENC	NDMEN E OR P	T, TRANSFER OR CONVERSION OF AN
SECTION A (Compulsory for a			
TYPE OF APPLICATION			
This application is for:			
Application type:		. 0	compulsory sections to be completed by applicant:
1) New operating licence		Δ	v.B,C,F,G,H,K,L
2) Transfer of an operating licence or permit			.B,C,D,E,F,G,H,K,L
			.B,C,D,F,G,H,K,L
3) Amendment of an operating licence or permit for:			
a) Additional authority			
b) Amendment of route or area			
c) Change of particulars			
e) Amendment of timetables, tariffs			
or other conditions			
f) Replace existing vehicle			
g) OL for recapitalized vehicle			
4) Renewal of an operating licence	·	A.	B,C,D,F,G,H,K,L
or permit	,		
5) Conversion of a permit to an		A,	B,C,D,F,G,H,K,L
operating licence			
SECTION B (Compulsory for al	l application types)		
PARTICULARS OF APPLICANT			
Name of company, partnership, corporation other legal entity, or	on		
surname in the case of a sole proprietor			
First names, if sole proprietor			
not more than 3)			
Type of identification	RSA identity document		Temporary identity certificate
Attach a cedified conv	Passnort		

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identity no. / passport no. / business registration number			I																					
Trade name (If applicable)																								
Type of business																								
Postal address and code																								
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Street address (if different from postal address). Domicilium citandi et executandi															_									
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Telephone number(s)												Cod	e											
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Facsimile number (if any)												Coc	ie]					
E-Mail address (if any)]					
Income tax registration number									<u> </u>	<u></u>				_		<u></u>		L						
[Attach an original Tax Clearance Certificate])																							
SECTION C (Compulsory for all a	nni	icaí	ion	tur	200	١																		
PARTICULARS OF PERSON RES							UR	us.	пс	PE	ERS	SOI	<u> </u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
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Sumame						$\underline{\mathbb{I}}$																		
First names (not more than 3)																								
Identity number									\prod															
Type of identification	RS	A id	entit	y do	cumi	ent					P	ass	port											
	011	ner (sper	cify																				
Telephone number												Co	de											
Cell number																								
SECTION D (Compulsory for app	lic	atio	n ty	pe	s 2.	3,4	an	d 5	5)															
PARTICULARS OF EXISTING OF renewal, amendment, transfer of						CE	01	R P	ER	M	Τ (in t	he	ca	30	of a	ın a		olic	atio	on i	for		
Operating licence number/permit number		T			1	1		$\overline{}$		Ī	1	1	Ţ		T			T						
RGULATORY ENTITY which issued the			Ī			$\frac{1}{1}$	<u> </u>			\exists	\exists	Ī		$\frac{1}{1}$	Ì	Ì	$\overline{1}$					T		
operating licence/permit	_		1				_			7					٢				7		_	7	Г	
Date of issue			_		1						Exp	ary o	tate		L		\bot		/		\perp	//		

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,

TRANSFERRED (in the case of a						<u> </u>	<u> </u>	1110	011															
Name of company, partnership, corporation or other legal entity, or sumame in the case		T			7			-,-	,		, ,		,		Ţ	1	7	_			Ţ	· · ·		
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Type of business				T	T	T		T									Ī	T	T	T	T		寸	
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E-Mail address (if any)	_																			_				
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Attach Original Tax Clearance Certificate																								
include written consent of transferor																								
SECTION F (Compulsory for all a	laga	ica	tio	n t	уре	s)																		
YPE OF PUBLIC TRANSPORT	SER	VIC	E																					
Tick type of service: it may be necessary to	o tick	mo	re t	han	one	:]																		
ype of service	Sc	ned	uied	bu	s se	rvic	œ _						Mini	bus	tax	i-ty	pe s	ervi	CC					
Please attach a certified copy of the	Sta	eff s	ervi	ce									Cha	ne	ser	VICE	:							
ontract between the operator and	Co	une	sy s	erv	ice			*******					Met	ere	d tax	xi se	ervic	e						
chool or other educational institution or	-50	chol	ar s	ervi	œ								Othe	21 5	ervi	ce								

*Attach certified copies of the professional driving permits of all the drivers to be used for this service.

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Other type of service (describe)																								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			٦
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Number of passengers that will be carried				ن																							
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in the case of a long-distance service, state why passengers cannot use existing													•														7
transports services and motivate why the																											-
proposed service is necessary (supporting documents may be attached)					***************************************																			<u></u>			٦
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In the case of a renewal, amendment,					ΥĒ	S		T			NO)		7													
transfer or conversion, have the services							*******							ئس													
been provided continuously for a period of 180 days prior to the date of application?																											
If NO, give reasons																					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					7
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*Any recommendations or documentation in	sup	por	וס ד	Inis	apı	olica	itio	n n	na∨	be	atta	che	ed.														
SECTION G																											7
PARTICULARS OF ROUTES (Not applicable for Charter Service)	-	20.00	.d 1	Uni	6 7	ari °	T-	vì.	-\																		
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Describe the FIRST route in detail:		T	Τ	Т-	T	1	Τ-	Т				·	7	T	_				_			-		-		-	7
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Destination			<u></u>	<u></u>	L	<u></u>	<u>_</u>	_					L					<u> </u>		<u> </u>		<u> </u>	<u>_</u>	<u>_</u>	<u> </u>		
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Route description (State street names or	_																				<u> </u>						
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	_			······································																							4
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Describe the SECOND route in detail	(Complet	e for	appii	cation	o a	aditio	nai s	ervii	ce)											
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If there are more routes, they must be	described	d on	a sep	arate	shee	t of p	aper)													
in the case of Metered Taxis please																				
decribe the area which will be serviced																				
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SECTION H (Compulsory for a	all annli		ion *		_ \															
AUTHORISED RANKS AND TE				vpes	5)															
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State the authorised ranks and terminal																				
used or to be used	15																			

SECTION I	<u> </u>																			
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PARTICULARS OF CONTRACT	i (in the	Ca	BE O	Iac	ontr	acte	Hd 8-	8TY	ice)											
certified copy of the contract is to be a	ttached. (NOIE	e: Only	/ cont	racts	wilh I	vistio —	nal,	Prov	incial	or i	oca	i spi	nere	of go	ovem	men	t)		
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Name of sub-contractor (if applicable)																									
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SECTION J																									
TIME TABLES (In the case of a si	che	dul	ed	80	rvi	CB)																			
The applicable (current) time tables are attached as Annexure.		Yes					No)																	
SECTION K (Compulsory for all a	pp	lica	tio	n t	уре	es)														····					_
DECLARATION																	···								
I, the undersigned (full name)											• • • • •			•••											
certify that the information furnished in this													**/												
I accept that if information supplied in this a							e ta	15e.	the	app	lica	ition	Will	be	reje	cted	and	חונ	ıay I	oe d	ISQL	aitt	eo		
from making an application for an operating	lice	nce	in 1	ne 1	uturi	€.																			
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Vehicle 1:	_	,	-		,																					
Vehicle registration number								<u> </u>									<u> </u>		<u></u>							
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Year of manufacture]																					
Make of Vehicle									I																	-
Number of passengers to be carried																										
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SECTION M - FOR OFFICIAL USE																							·			
OTHER CONDITIONS IMPOSED E	3 7 1	<u> </u>	K		<u> </u>	416	<u>J</u> R	(Y)	<u> </u>	111	Y	(11	a	וסכ	ica	אם	2)									
This operating licence is issued subject to the following conditions																										7
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*Or attach conditions imposed as a							**********																	Pi		-
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OPERATING LICENCE PARTIC	ULARS	
Operating Licence 1		
Operating Licence number Valid from	Y Y Y M M D D	Y Y Y M M D D
Captured application details on OLAS Date submitted to Publications	Y Y Y Y M M D D Y Y Y Y M M D D	
Date refered to PREs and Planning Authority	Y Y Y Y M M D D	
Operating Licence 2 Operating Licence number Valid from	Y Y Y M M D D	Y Y Y Y M M D D
Captured application details on OLAS Date submitted to Publications	Y Y Y Y M M D D Y Y Y Y M M D D	
Date refered to PREs and Planning Authority	Y Y Y Y M M D D	
Operating Licence 3		
Operating Licence number Valid from	Y Y Y Y M M D D	Y Y Y Y M M D D
Captured application details on OLAS Date submitted to Publications	Y Y Y Y M M D D	
Date refered to PREs and Planning	YYYY M M D D YYYY M M D D	

^{*}In the case of more operating licences, provide the same particulars on a separate sheet as an attachment.

FOR OFFICE USE ONLY		
Date Application received		
Captured application details on OLAS Reference number Receipt number Amount Paid	Y Y Y Y M M D D Y Y Y Y M M D D Y Y Y Y M M D D R	
Date submitted to Publications	Y Y Y Y M M D D	
Date refered to PREs and Planning Authority	Y Y Y Y M M D D	
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Official's name	THE PART OF THE PA	
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CHECKLIST		7
A certified copy of one of the following:	RSA Identity Document	ا ا
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	Temporary RSA identity Document	7
	Foreign Idendity Document	-
	Partnership Agreement	7
	Board Resollion/ Founding agreement	1
alic Tax Clearance Certificate.		1
alid vehicle licence and registration		
as signed a statement to the office than	of a transfer and a certified copy of transferor's operating licence or permit.]
well as sectoral determinations of the D	he or she or it, will comply with labour laws in respect of govers and other staff,	
etter or document of recommendation in		
	support of the application (if any).	İ