SECTION L (Compulsory for a	all applicat	ion t	уре	s)				¥	. 5			t.r .	· Y. S.	. 48.	3.4					· · · ·	18.7	<u>'জুব</u>
VEHICLE DETAILS							,			-		. '		i jak La						1 .		أدجي
For a new application please indicate the	e type of vehic	le/s th	nat y	ou in:	end	to p	urch	ase	(if n	o ve	hic	e is	OW	ned	at p	res	ent)	:				
*Please note that operating licences are	granted per v	ehicle	. The	erefo	re, th	e ap	oplic	ant i	is re	quir	ed t	o pa	ay th	ne fe	e fo	rea	ich	veh	icle			
listed in this application. If applications a	ere made for n	ore th			(3) v	ehic	les p	plea	se a	ttaci	n a :	sep	arat	e pa	ige (conf	lain	ing t	he			
details below.	•		, ,	ú.																		
Type:	No.	Sea	ating	сара	icity:			Nu	mbe	er of	veh	icle	s to	be (purc	has	ed:]
Motor car		П		Т	T	1																
Minibus																						
Midibus]																
Bus																						
Other																						
Vehicle 1:																						
Vehicle registration number																						
Vehicle identification number (VIN)																						
Type of vehicle																						
Year of manufacture																						
Make of Vehicle																						
Number of passengers to be carried				-,,																		
Number of kilometers travelled								Air	eady	y pui	rcha	sec	1?		YE	S		NC)]		
Vehicle 2:						_																
Vehicle registration number																						
Vehicle identification number (VIN)																						
Type of vehicle						Ι		Π														
Year of manufacture									-													
Make of Vehicle																						
Number of passengers to be carried		7																				
Number of kilometers travelled			П					Air	ead	y pui	rcha	sec	1?		YE	S		NC]		
																	,			•		
Vehicle 3:							_	,	_										_	,	т—	т—
Vehicle registration number		Щ			_		<u> </u>	Ļ		Щ							L	L			<u> </u>	Щ
Vehicle identification number (VIN)					\perp		L			Ш							L				L	
Type of vehicle							<u> </u>			Ш									L	L	\Box	
Year of manufacture																						
Make of Vehicle																						
Number of passengers to be carried																				_		
								Aire	eady	y pui	che	sec	!?		YE	s		NO				

SECTION M - FOR OFFICIAL US	
OTHER CONDITIONS IMPOSED	BY THE REGULATORY ENTITY (If applicable)
This operating licence is issued subject to	
the following conditions	
*Or attach conditions imposed as a	
schedule,	
Date of issue	
Date of issue	YYYY MM DD
Signature of designated official of Regulator	
OPERATING LICENCE PARTICU	LARS TO THE REPORT OF THE PARTY
Operating Licence 1	
Operating Licence number	
Valid from	///
	YYYY MM DD YYYY MM DD
Captured application details on	
OLAS	YYYY M M D D
Date submitted to Publications	
	Y Y Y M M D D
Date refered to PREs and Planning	
Authority	Y Y Y M M D D
Operating Licence 2	
Operating Licence 2	
Operating Licence number	
Valid from	/ Valid to//
	YYYY MM DD YYYY MM DD
Captured application details on	
OLAS	YYYY MM DD
Date submitted to Publications	
	YYYY 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	/ / / Valid to / / / /
	YYYY MM DD YYYY MM DD
Captured application details on	
OLAS	YYYY MM DD
Date submitted to Publications	
	Y Y Y Y M M D D
Date refered to PREs and Planning	
Authority	YYYY M M D D
*In the case of more operating licences, p	rovide the same particulars on a separate sheet as an attachment.
FOR OFFICE USE ONLY	
Date Application received	
	YYYY MM DD
Captured application details on	
OLAS	YYYY MM DD
Reference number	
Receipt number	
Amount Paid	R
Date submitted to Publications	
	Y Y Y M M D D
Date refered to PREs and Planning	
Authority	YYYY MM DD
Valid from	/ Valid to // // // // // // // // // // // // //
	YYYY M M D D YYYY M M D D
Official's name	
	YYYY MM DD

CHECKLIST		
A certified copy of one of the following:	RSA Identity Document	
	Passport	
	Temporary RSA Identity Document	
	Foreign Idendity Document	
	Partnership Agreement	
	Board Resoltion/ Founding agreement	
Valid Tax Clearance Certificate.		
Valid vehicle licence and registration		
Written consent of transferor in the case of a	transfer and a certified copy of transferor's operating licence or permit.	
Has signed a statement to the effect that he o	r she or it, will comply with labour laws in respect of drivers and other staff,	
as well as sectoral determinations of the Depa	artment of Labour.	
Letter or document of recommendation in sup	port of the application (if any).	



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

APPLICATION FOR A	ACC	RE	EDI	TA	TIC	NC	AS	A	то	UF	રાક	T T	RA	NS	SPC	DR'	T C	PE	ER.A	\TC	OR				
Please tick appropriate box:																									
Application for accreditation						Αŗ	plic	atio	n to	an	nend	d co	ndit	ions	of	acc	crec	litat	ion						
Application for renewal of accreditation																									
SECTION A																									
	چائی	33	 :•,*				erik Çev					Ú.	514 		1.40 7.54		endige Stally	5.		:30 √.4	, , , ,		arigin L		
Name of company, partnership, corporation or other legal entity, or surname in the case of a sole proprietor																									
First names, if sole proprietor (not more than 3)							_																		
Type of identification *(Attach a certified copy)	\vdash	A k		tity (doc	ume	ent					-			y ide entit					te					
				sta						Certificate of incorporation Partnership Agreement												_			
	Memorandum of Understanding Partnership Agreement														j										
Identity no. / passport no. / business registration number																		Γ.							
Trade name (if applicable)																									
Type of business																								L	
Postal address and code				L																				$oxedsymbol{\square}$	
	ļ		-	-	-	_					-							Do	stal	_	<u></u>	_	-	H	-
Street address (if different from postal	F		_	╁	<u> </u>	H	<u> </u>	Н			<u> </u>	\vdash						F 0.	Star		, <u>e</u>			⊨	\vdash
address) Domicilium citandi et executandi	\vdash	\vdash	┢	T			\vdash				_														
																		Pos	stal	COC	ie				
Telephone number(s)												(Cod	е											
												(Code	е											
Facsimile number (if any)												C	Code	В											
E-Mail address (if any)																									
Income tax registration number																									
(Attach original Tax Clearance Certificate)																								

^{*}Any recommendations or documentation in support of this application may be attached.

SECTION B																				_					
PARTICULARS OF THE CONTA	CT	PE	RS	10	l B	ΕŢ	WE	EN	T	HE	OF	È	LAT	OI	3 A	ND	T	ΗE	NF	•T F	₹ 5		1 1/4 1 1/4	7	181 34
In the case of a company, partnership, represent it must be given:	close	e co	rpo	ratio	on o	r ot	her	juri	stic	per	rsor	ı, pa	artic	uler	's o	f th	е ре	ersc	n n	esp	on	sibl	le to	,	
Surname: //				I	Ι	I	I	Ι		I			Π						Ι			T	\Box		
First names (not more than 3)	Γ																								
Identity number	Ī	Τ	Τ				Ι	Π	Π	Γ	Τ	Т													
Type of identification	R	SA i	der	rtity	doc	um	ent					Pa	ssp	ort									٦		
	0	ther	(sp	eci	fy																				
Telephone number				I	Τ								Coc	le				\prod	T]					
Cell number		T	T	Γ			Π	Π	Γ	Ī	Ī		Coc	le	Г		Γ	T							
											_														
SECTION C																,,									
VEHICLE PARTICULARS	,· .		• • •	٠٠,	· ;	ţ*.				. 5	lu-			(1) (1)	10 (1) (E)		, 14 	100°			meery Percel	19 47 2-42	4.5 4.5	(24.)	
The applicant is to attach copies of all case of a new operator).	•		, ac							uot					·								, <u></u> 		
pe: no. Seating capacity; Number of vehicles to be purchased:															L										
Motor car Minibus																									
Midibus	+		1	\vdash	╁	十	十	╁	1																
Bus	+		1		T	T	T	╁	1																
Other		***************************************							1																
Vehicle 1:			-						-																
Vehicle registration number					Γ		Π				Π					Π		Π		Ι	T	T	T		
Vehicle identification number (VIN)																					Ι		\prod	$oxed{I}$	\Box
Type of vehicle			Π								Π							Π			I	I	I		\Box
Year of manufacture]																				
Make of Vehicle		Γ	Ī	Γ	Ī	Γ	П			Γ	Π	Г	Г	Γ	Γ	Τ	Γ	Π	Γ	Τ	Τ	T	Т	Т	T
Number of passengers to be carried]	-	4	-		•					•		•									
Vehicle 2:																									
Vehicle registration number																					L	I	$oxed{oxed}$	$oxed{I}$	
Vehicle identification number (VIN)																						I	I	\prod	
Type of vehicle																				Γ	Ī	Ī	Ī	Ī	T
Year of manufacture			Γ																						
Make of Vehicle	Ī			Г			Γ								Γ	Γ			Γ	Τ	T	Τ	T	Т	T
Number of presentation to be carried	F	T	Ī	Ī		L					_	_		h						<u></u>					

Vehicle 3:																						 	
Vehicle registration number							<u></u>												<u> </u>				╝
Vehicle identification number (VIN)																							
Type of vehicle																							
Year of manufacture																							
Make of Vehicle							Π																
Number of passengers to be carried																							
*Service records to be attached																							
*In the case or more vehicles provid	le th	10 \$	an	e p	part	ticu	ılar	S 01	n a	seį	par	ate	she	et									
SECTION D																						 	
VEHICLE MAINTENANCE						· .				ί,	٠٠,		1.	*1.; * , *.	i,		in a constant of the constant	600	, (°				
		,							,														
is there an appropriate programme put in			YE	S			N	2															
place for the maintaining and servicing of	:																						
vehicles operated or to be operated?																							
If yes, describe:																							
								.,															
Are vehicles serviced at a garage or			YE	S			N		1														
service centre in accordance with the					. or	ovic			ı e ar	nd a	ddr	ess	of g	aara	age	or s	serv	ice	cer	ntre	1:		
specifications of the vehicle manufacture	er?						Ī					Ī			Ť		П	Γ	Γ	Γ	Π		
		,		L		L			l	!	L	.		L	.			L	L	<u> </u>		 I	
	Г																					 	
																							ᅦ
Are vehicles serviced at in-house	L		YE	S			N	<u>, </u>	Γ													 	
facilities?		ı			Dr.	ovir	de ti		i ddr	200	,												
· married a ·			-, ;	, 55	, ,,,,			,,,,			•											 	
																						 	 \dashv
	\vdash																					 	 ┨

^{*}Please note that all vehicles and in-house facilities will be inspected by an official for approval.

^{*}Please attach service records of vehicles.

SECTION E	
LIVERY AND SIGNAGE	
Description of livery and signage being	
displayed or to be displayed on vehicle	The state of the s
(Attach photo if available)	
SECTION F	
CHANGE OF CONDITIONS	
n the case of an application to amend co	inditions of accreditation, describe the conditions to be amended and the reasons thereo
N	
SECTION G	
DECLARATION	
, the undersigned (full name)	
certify that the information furnished in th	is application form is true and correct.
accept that if information supplied in this	application is found to be false, the application will be rejected and I may be disqualified
from making an application for in the futur	re.
Signature	Date
Name of person	

SECTION H - FOR OFFICIAL USE ONLY OTHER CONDITIONS IMPOSED BY THE NETP (# applicable)													
OTHER CONDITIONS IMPOSED	BY THE NPTR (If applicable)												
This operating licence is issued subject to the following conditions													
*Or attach conditions on a separate													
sheet													
Date of issue	Y Y Y Y M M D D												
Signature of designated official of Board													
FOR OFFICE USE ONLY													
Date Application received	Y Y Y Y M M D D												
Date referred to Recognised Tourism Authority	Y Y Y Y M M D D												
Reference number													
Amount Paid	R												
Official's name													
	YYYY MM DD												

	d these particulars on a separate sheet.
Operating Licence 1	
Operating Licence number	
Date Application received	
	YYYY MM DD
Captured application details on	
OLAS	YYYY MM DD
Reference number	
Amount Paid	R
Valid from	//
	YYYY MM DD YYYY MM DD
Official's name	
	Y Y Y Y M M D D
Operating Licence 2	
Operating Licence number	
Date Application received	
	YYYY MM DD
Captured application details on	
OLAS	YYYY MM DD
Reference number	
Amount Paid	R
Valid from	Valid to
	YYYY MM DD YYYY MM DD
Official's name	
	YYYY MM DD

Operating Licence 3	
Operating Licence number	
Date Application received	
	Y Y Y Y M M D D
Captured application details on	
OLAS	Y Y Y M M D D
Reference number	
Amount Paid	R
Valid from	/ / / / / Valid to / / / / / / / / / / / / / / / / / /
	YYYY MM DD YYYY MM DD
Official's name	
	YYYY MM DD
CHECKLIST	menter de la companya de la company La companya de la co
A certified copy of one of the following:	RSA Identity Document
	Passport
	Temporary RSA Identity Document
	Foreign Idendity Document
	Partnership Agreement
	Board Resolution/ Founding agreement
Valid Tax Clearance Certificate.	
Valid vehicle licence and registration	
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.
Copies of operating licences or permits of	f vehicles operated (if applicable).
Letter or document of recommendation in	support of the application (if any).



DEPARTMENT OF TRANSPORT

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

APPLICATION FOR TEMPORARY OPERATING LICENCE (SPECIAL EVENT) Name or description of Special Event																									
Name or description of Special Event	Г																						*****		
																									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
						_																			
Duration of the event				L]/	L]/]	to					/]/					
	Y	Y	Y	Y		М	М		D	D			Y	Y	Y	Y		М	М		D	D			
SECTION A																									
PARTICULARS OF APPLICANT	G.	13.5 m	, 48 47 p.	. 6 j		44	Share	ight.	in h Air	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	使 → 6 関小車	The state of	er i Militar	(i.a)	de casi Spir Ci	der de L'Eng	idteri Grand	97.8 9.51	/6 s. 19 /45#	e US	en di Link	T. P.	ъÑ.	y . Salaha	per La ^N t
Name of company, partnership, corporation or other legal entity, or sole proprietor																									
First names, if sole proprietor		Π	Γ		Π		Γ	Γ	Π						Γ			Π							
(not more than 3)					4	-A	•	-			·····	·		_			•		-l		<u> </u>				
Type of identification	RS	RSA identity document										Ter	mpc	rar	y id	enti	ty c	erti	fica	te					
	Pa	Passport										For	eig	n id	enti	ty c	ocı	ıme	nt						
	Fo	unc	ling	sta	tem	ent						Ce	rtific	ate	of	inc	orpo	orat	ion						
	Me	∍mo	ran	dum	of	Unc	lers	tan	ding			Par	tne	rsh	ip A	gre	em	ent							
									****		*Attach a certified copy														
Identity number/Bussiness number																									
Trade name (if applicable)																									
Type of business																									
Postal address and code		Π	Τ	Π	Π				Π						Γ										
		T	T	T		1		Г	<u> </u>												П				
																		Po	stal	coc	le				
Street address (if different from postal		Π	Τ	Г	Γ	Γ			Г			П										П			
address) Domicilium citandi et executandi	\vdash	╁	\vdash			一				H			-		_			-					一		
executarior				-		\vdash			-	H								Pos	stal	cod	e			\dashv	
Telephone number(s)												C	òde	•							•				
Facsimile number (if any)												c	òdo	э											
E-Mail address (if any)	$\overline{\Box}$																								

Number of existing operating licence or permit	
Date of expiry of OL or permit	Y Y Y Y M M D D
Board/regulatory entity that issued operating licence or permit	
SECTION B	
	ESPONSIBLE FOR A JURISTIC PERSON
In the case of a company, close corpor be given:	ation or other juristic person, particulars of the person responsible to represent it must
Surname	
First names (not more than 3)	
Identity number	
Type of identification	RSA identity document Passport Other (specify
Telephone number	Code Code
Cell number	
SECTION C	
PARTICULARS OF ROUTES (IF	applicable)
Describe the FIRST route in detail	
Departure point	
Destination	
Route description (State street names or 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) Describe the SECOND route in detail	
Departure point	
Destination	

Route description (State street names	Г																									
or road numbers and each point where passengers are picked up or set down	1																									٦
and, where applicable, beacons or land																										-
marks for each city, town, village or settlement: vague route descriptions					-			***************************************																		_
will not be accepted)	-								-												-					
(If there are more routes, they must be	desc	ribe	d o	n a	sep	ar	ate	she	et c	of p	ape	r)														
If not route based descibe the service:																					_					
	_																									
	_														_											
						_																****				
SECTION D (If feasible)															- -	S 12			,			<u> </u>				-
AUTHORISED RANKS AND TER	MIN	NAL	8										٠.,	٠	- 4	4,			d i.	"					<u> </u>	_
State the authorised ranks and terminals used or to be used																										
																										٦
	=		_																	_						=
	L																									
SECTION E																										
VEHICLE DETAILS			,								٠		٠	-, 18					• •						····	٦
TEIBOLL DETALO										<u>`</u>		-			6. 3.	ν.				<u> </u>		_				_
Vehicle 1:																										
	ГТ		1	Т	\neg																					
Vehicle registration number	片	\dashv	4	4	<u> </u>	_	Щ	Н			7	т	т	_	Г	т		_	т-		_	_	_			_
Type of vehicle	닏	4	_	4		_					<u> </u>	<u></u>	L_		<u> </u>	<u> </u>	<u> </u>	上		上		L	\perp		_	لـ
Year of manufacture																										
Make of Vehicle																				L	\mathbb{L}					
Number of passengers to be carried																										
Vehicle 2:																										
Vehicle registration number	П	Т	Т	Т	Т																					
	十	\dashv	\dagger	+	\pm	┪					Г		Γ			Γ			Т	Т	Т	T	Т	Т	Т	٦
Type of vehicle	井	+	+	믁		!	Ш			_	I	L	L	L			L	L	<u> </u>							_
Year of manufacture	ዙ	+	┿	4		_	_			7		_	Г		_		_	_	Т	т	т-	т-	_	_	_	7
Make of Vehicle	\sqsubseteq	4	4		\perp							<u> </u>			L			L_	L	L	<u> </u>		L			
Number of passengers to be carried																										

Vehicle 3:	
Vehicle registration number	
Type of vehicle	
Year of manufacture	
Make of Vehicle	
Number of passengers to be carried	
*In the case or more vehicles pro	ovide the same particulars on a separate sheet
FOR OFFICE USE ONLY	
Date Application received	YYYY MM DD
Reference number	
Amount Paid	R
Official's name	
TEMPORARY OPERATING LIC	ENCE PARTICULARS
Operating Licence 1	
Valid from	/ / / Valid to / / / /
	YYYY MM DD YYYY MM DD
Operating Licence 2	
Valid from	Y Y Y Y M M D D Y Y Y Y M M D D
Operating Licence 3 Valid from	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Valid 15 Offi	YYYY MM DD YYYY MM DD
*Limited to the duration of the ev	
*if more than 3, include a separate	page as an attachedment.
THE PROPERTY OF THE PROPERTY O	The control of the co
Proof of registration and licencing of v	ehicle.
Valid Tax Clearance Certificate.	
	ncorporating proof of roadworthiness



DEPARTMENT OF TRANSPORT

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

NOTIFICATION FROM COURTESY SERVICE PROVIDERS WHO ARE EXEMPT FROM OBTAINING

UPERAI	אוו	<u> </u>	-10	EN	UE.	3 (<u> </u>	<u></u>	10	N :) S C	1)/	<u>a)</u>	U	<u> </u>	77	<u> </u>	<u>C I</u>	<u>}</u>								
SECTION A																											
PARTICULARS OF SERVICE P	RO	VI	DE	R																			- 1,5 - 24				-
Name of company, partnership, corporation or other legal entity, or sole proprietor		Ι	I.		Ī		Ι		Ι	I								Ι	J.							Ī	
First names, if sole proprietor						I	I	Ι	Ι	I								Ι	Ι						I	I	
(not more than 3)																											
Postal address and code			_		F	-	-	-	-	-	-	\exists					F	lacksquare	+	+					F	F	F
		上	İ				1	上	土	1	1							T] _F	os	tal	coc	L ie		上		
Street address (if different from postal address) Domicilium citandi et executandi							-	F	1	1	-									T					F		
																			P	os	tal	coc	le				
Telephone number			Ι			I	Ι	I	Ι	Ι			c	òdo	€				Ι	Ι							
Facsimile number (if any)													C	òd	₽												
E-Mail address (if any)																											
SECTION B																											
VEHICLE DETAILS							_													,	61			-	٠.		
Details of first vehicle (Vehicle 1):																											
Vehicle registration number]																		
Type of vehicle			L																						L		
Year of manufacture			L																								
Make of Vehicle				<u> </u>				\perp		\perp							L	\perp	L						L	<u>L</u>	
Vehicle seating capacity							_																				
Number of kilometers travelled																											

made for an operating licence.

Details of second vehicle (Vehicle	e 2 <u>):</u>								_																	
Vehicle registration number:	L		L	L		L																				
Type of vehicle		I	Ι	Ι			\prod							I		I		I	$oxed{T}$	$oxed{\mathbb{I}}$	\prod	I		\prod	$oxed{\mathbb{I}}$	
Year of manufacture																										
Make of vehicle			I										Γ				Ι	\prod	$oxed{oxed}$		I		floor			
Vehicle seating capacity		I	I]																						
Number of kilometers travelled																										
SECTION C																										
DECLARATION	1		 	. ;	:·`.`	,					<u>.</u>				7 (). 3 () 2			4.5 4.5	1. 1		<u> </u>	10			, di	? 1 ₀₀
i, the undersigned (full name)																										
certify that the information furnished	in thic	s for	m is	s tru	e ai	nd c	orr	ect.																		
I accept that if information supplied in	this a	appi	icati	ion i	s fo	unc	to to	be f	als	e, tł	10 a	ppli	icat	ion	w il	be	reje	acte	»d a	ınd l	l ma	ıy b	0			
disqualified from making an application	n for	an d	per	ratin	g lic	ene	ce ir	n the	e fu	ture) ,															
***************************************			• • • •		• • • •		• • • •		• • • •		· •															
Signature		D	ate)																						

Name of person																										
	_	-T	Т.	1	_	Τ-		_		,	-	т			_		_		-	_						
Name of legal entity (if applicable)	L	\perp	_			_					_	<u> </u>	_		\perp	\perp	1	\perp	丄	\perp	\perp	\perp	\perp	\perp	\perp	
Note: If a mini bus, midi bus or bus is	орега	ated	, or	ther	e a	re 3	or	mor	e m	oto	r ca	rs t	hat	are	э ор	era	ted	, the	en a	an a	ppli	icati	ion	mus	st be	В



DEPARTMENT OF TRANSPORT National Public Transport Regulator

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

APPLICATION FROM ACCRE	DIT	ED			RIS								ER	AT	OR	FC	R	CE	RT	IF	CA	TIC	NC	OF	=
SECTION A																									
PARTICULARS OF APPLICANT			- 1 - 1	, 35 - 4	eje ^{lite} masili	Jeneral syde			,,,,,,	100		, , - v 3		, and an	- 	, (1) (1)	120		der a St	(1 - Ku) - 12 (1)	See Light	-4 5 34 4	.; √1, ″,		
Name of company, partnership, corporation or other legal entity, or					Ι														Γ		Ī			Ī	Ī
surname in the case of a sole proprietor								_																	
First names, if sole proprietor															L										
(not more than 3)																									
Accreditation number					L	L					L									Ε	Ι				
Type of identification	RS	SA i	den	tity	doc	um	ent				1	Te	mpo	rar	y id	enti	ty c	erti	fica	ste					
*(Attach a certified copy)		ssp		_											enti	_						L]		
	Fo	unc	ling	sta	tem	ent				L	j	Ce	rtifi	cate	of	inc	orpo	orat	ion			╄	1		
	Me	mo	ran	dun	n of	Und	ers	tan	ding	_		Pai	rtne	rsh	ip A	gre	em	ent				L			
Complete only if particulars have ch	ang	jed	:			.	-		-					, ,			,		·						
Identity no. / passport no. / business registration number	L	<u></u>		_	L	<u>L</u> .	<u> </u>	_	_		<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	L	L	L	L	L.	<u> </u>	L	L	
Trade name (if applicable)																									
Type of business		L		Ĺ		<u> </u>				L				<u> </u>							<u> </u>			L	
Postal address and code																									
	-	\vdash	-	_	-	\vdash	_	<u> </u>	-	_	<u> </u>		L	L		L	_	<u> </u>	L	_	L	\vdash	-	L	╀┦
	<u>_</u>	<u></u>	_	<u> </u>	<u> </u>	_	_		_			Щ	_	L			_	Po	sta	l co	de	<u>L</u>	L	느	ᆜ
Street address (if different from postal address) Domicilium citandi et	<u> </u>	L	_			_	_												L	L	L	L		L	Ĺ
executandi		L		L	L		L	$oxed{oxed}$				Щ							L	L	L	L		L	Ш
		_		L		<u>L</u> .												Po	sta	l co	de	L	<u> </u>	L	
Telephone number(s)												•	λod	9											
		L		L								C	boc	8											
Facsimile number (if any)				L								C	boć	9											
E-Mail address (if any)]					

Income tax registration number

SECTION B																									
PARTICULARS OF PERSON RESPONSIBLE FOR A JURISTIC PERSON in the case of a company, partnership close corporation or other juristic person, particulars of the person responsible to represent it must be given: Surname																									
represent it must be given: Surname First names (not more than 3)																									
Surname																				L	L		\perp		
First names (not more than 3)																					7.9				
Identity number																									
Type of identification	RS	Αk	lent	ity	doc	JME	ent					Pa	ssp	ort											
	Oti	her	(sp	ecif	У																				
Telephone number												1	Cod	9					L						
Cell number]	1	Cod	е											
	S OF ADDITIONAL VEHICLES FOR CERTIFICATION																								
SECTION C																									
PARTICULARS OF ADDITIONA	ARTICULARS OF ADDITIONAL VEHICLES FOR CERTIFICATION																								
ARTICULARS OF ADDITIONAL VEHICLES FOR CERTIFICATION																									
ehicle registration number																-									
shicle 1:														<u></u>	\perp	\perp									
Vehicle identification number (VIN)															1	1	1	_							
Type of vehicle																	\perp	\perp	\perp						
Year of manufacture																									
Make of Vehicle																									
Number of passengers to be carried																									
Vehicle 2:																									
Vehicle registration number																									
Vehicle identification number (VIN)																				L			floor	\perp	
Type of vehicle																					I				\prod
Year of manufacture																									
Make of Vehicle																						Τ			
Number of passengers to be carried																									
Vehicle 3:	,										,		,				_			_					
Vehicle registration number					Ш			<u> </u>													\perp		\perp		\perp
Vehicle identification number (VIN)																						\prod		\prod	
Type of vehicle																					I				T
Year of manufacture																									
Make of Vehicle		Ī													Γ	Γ		Γ	Γ	Τ	Τ	Τ	T	Τ	T
Number of passengers to be carried	F	П									-		-												

*In the case of more vehicles, provide the same particulars on a separate sheet as an attachment.

SECTION D		
DECLARATION		
i, the undersigned (full name)	,,,,,,,,,,,,	
certify that the information furnished in	n this app	olication form is true and correct.
l accept that if information supplied in	th i s applic	cation is found to be false, the application will be rejected and I may be disqualified
from making an application for an ope	ating licer	ince in the future.
Signature	 Di	Date
Name of person	••	
Name of legal entity (if applicable)		
Signature of designated official		
Captured application details on	П	
OLAS	YY	YYY MM DD
Reference number		
Amount Paid	R	
Official's name	T V V	
CHECKLIST	in the second	and the second of the second s
A certified copy of one of the following	g:	RSA Identity Document
		Passport
		Temporary RSA Identity Document
		Foreign Identity Document
		Partnership Agreement
		Board Resolution/ Founding agreement
Proof of registration and licencing of ve	ahicle.	
Sarvine remards of vehicle/s		i l



NATIONAL PUBLIC TRANSPORT REGULATOR

LETTER OF REFERRAL ADDRESSED TO RELEVANT PRE/PLANNING AUTHORITY

	_	_		-	_	_	_	
А	U	DF	lĿ	5	S	Ł	Ŀ	•

1. 2.	Relevant PREs Relevant Planning authorities	Date: OL Ref number:	[********]
		Contact Person:	[********]
		Tel:	{*******
		Fax:	[*******]
		Email:	[********)

REQUEST TO PROVINCIAL REGULATORY ENTITY/PLANNING AUTHORITY FOR RECOMMENDATIONS/ COMMENTS: CONCERNING AN APPLICATION IN CONNECTION WITH AN OPERATING LICENCE

Dear Sir/Madam

In accordance with the National Land Transport Act, 2009 (Act no.5 of 2009) the following application has been made in connection with an operating licence for the provision of public transport services:

[Name of Applicant] has made an application for the [granting/renewal/amendment/ transfer/ conversion] of an operating licence or permit to provide interprovincial public transport services.

You are requested to supply your recommendations and comments regarding this application.

The attached application form contains all of the necessary information that will allow for you to make the appropriate recommendations and/or comments.

If no response is received from your institution within the allocated time, then the NPTR may proceed to process and decide upon the application without your input.

Please supply your recommendation by no later than [dd/mm/yyyy].

Yours sincerely

[Insert Name and designation

(Signature)

On behalf of the National Public Transport Regulator



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

Referral of applica	tion to	NF	TF	in s	te n	ทธ	of :	9e C	tio	n 2	1(4) of	th	<u> A</u>	ct								
*Please note that an applicant may only refer th	eir app	ilca	tior	ı to	the	NPT	TR If	the	ap	plic	atic	n h	as	not	be	en							
processed within 60 days of its receipt by the	PRE			•			_		_														
Date application lodged with Provincial Regulator Entit	уШ	L	L	/		_]/	Ĺ	\perp]														
	YY	Y	Y		M I	A	D	D															
Reference number issued to applicant					\Box	Ţ	I	$\underline{\mathbb{I}}$	I	L	L												
Receipt number issued to applicant		<u>L</u>	<u> </u>					丄	L														
Provincial Regulatory Entity where						\prod	I		I	L													
application was lodged																							
Provide full reasons for submitting the																							
application to the NPTR								_											-			-	
*(Attach on a separate page if the space provided																							
is not sufficient)	-										_				_	_							
PARTICULARS OF APPLICANT Name of company, partnership, corporation or other		100	- 0-1 1	. 7.4		7.35 7.35							ener Tari		No-1		7 20		o dan	n All	eprie.	St. To a	न े
legal entity, or surname in the case of a sole			<u> </u>																				
First names, if sole proprietor	П	T		П		T	T	T	T	Π	Π					П							
(not more than 3)	L Jane							-								·······			-	Li			
Type of identification	RSA i	dent	ity (docu	men	1		T	7	Te	mpc	rary	ide	ntit	y c	ertifi	cat	e			į		
*(Attach a certified copy)	Pass	ort]	$\overline{}$						men							
	Found	ing	stat	eme	nt			L	1	Ce	rtific	ate	of i	nco	rpc	ratio	n						
	Memo	ranc	lum	of t	Inde	sta	ndin	9		Pa	rtne	rshi	p A	gree	eme	ent							
Identity no. / passport no. / business registration number	Ш	L					1_				<u> </u>												
Trade name (if applicable)						I		L															
Type of business					\Box	T		Τ	Γ														
Postal address and code	団				Ť	T	T	T	T	Г			Ī	٦		Ť	٦	Ī					\exists
					1	I																	
									L					\Box		Pos	tal	cod	e				

Street address (if different from postal address)	L	L	_					L	L	<u> </u>	_	_	L	L	L	L	\perp		1	1	丄	1	_	Ц	_
Domicilium citandi et executandi	L	L				L.	L.	L				_		L	L				1	\perp	L	\perp			
	L		_	L			<u> </u>			1_		_	L	L	<u> </u>	L	\perp	P	ost	tai c	ode	L	L		
Telephone number(s)	Γ	Γ							T			•	Coc	le	Γ	T	T		T	7					
	Ī	П	Γ		П		Γ		T	Π	İ	,	Cox	le	F	T	T	T	Ŧ	٦					
Facsimile number (if any)	厂	T			П		┪	Ť	T	T	ĺ		Coc	le	厂	T	T	Ť	Ť	7					
E-Mail address (if any)	一	<u> </u>	<u> </u>	-			-			_					ــــــــــــــــــــــــــــــــــــــ				-	7					
SECTION B	-																								
PARTICULARS OF PERSON RESPONSIBLE	F	OR	A	JU	RIS	π	C F)E	RS	ON				- a		2 . 3	ξ,	**************************************	<u>ان</u> ۔	y.l	3.7			.5:	
In the case of a company, partnership, close corporation given:	on o	r ot	her	juris	stic (per	son	ı, pi	artic	ular	s of	fthe	е р	ers	on i	esp	on	sibk	e to	o reg)r e s	ent	it mu	st be	•
Surname														Γ		Ι	I	I	I	floor	$oxed{\mathbb{I}}$	I			
First names (not more than 3)																	_								
identity number		Γ																							
Type of identification	RS	A k	deni	tty c	locu	JME	ent					Pa	saç	ort					_			I			
	Ot	her	(sp	ecif:	у					-															
Telephone number													Coc	le		T	Τ	T	Ι						
Cell number																									
												-													
SECTION C																									
DECLARATION	<i>B</i> r. (752	4	Police Police	1	335		3	97.	C. N	A P	, leg., 3	s (F	e ij	() (4 4) ()	취반	13. V	730e 27	#1.75 1	校	(3)	the series	9.	4 - 4/6	
I, the undersigned (full name)		,	••••				****	•																	
certify that the information furnished in this application	forn	n is	true	an	d cc	orre	ct.																		
I accept that if information supplied in this application is	fou	nd (to b	e fa	ise,	the	ар	plic	atio	n w	ill be	e re	jec	ted	and	din	nay	be	dis	idna	lifled	t			
from making an application for an operating licence in the	n e f	utur	e.																						
		•••	• • • •	• • • •		•••		· · • ·		- • • •			•												
Signature		Da	ate																						
Name of person																									
mains of periodit																									
Name of legal entity (if applicable)															I	I	Ι		I	\prod	I	I			

DEPARTMENT OF TRANSPORT OPERATING LICENCE

DEPARTMENT OF TRANSPORT OPERATING LICENCE

Issued in terms of and subject to the provisions of the National Land Transport, 2000 (Act no. 22 of 2000), subject to the particulars and conditions set out below

	LICENCE HOLDER PARTICULARS	
Association Name		Association Name
RAS Registration No	Service Service	RAS Registration No
Operating Licence Number		Operating Licence Number
Application Number		Application Number
ID-number		ID-number
Name		Name
Address		Address
		-
		-
	VEHICLE PARTICULARS	
Vehicle Registration Number		Vehicle Registration Number
VIN Number		VIN Number
Engine Number		Engine Number
Chassis Number		Chassis Number
Make		Make
Passenger capacity		Passenger capacity
Туре		Туре
Year of Manufacture		Year of Manufacture
Homologation reference number		Homologation reference number
(if applicable)		(if applicable)
eNatis model number (if applicable)		eNatis model number (if applicable)

ANNEXURE 1

Issued in conjunction with the following Public Operating Licence Number:

This Operating Licence the conveyance as set out in the fo	authorises and is restricted to ollowing description (where applicable):
The conveyance of :	
National Route Code :	
Board Route Code:	
Origin:	
Destination:	
Description	
National Route Code :	
Board Route Code:	
Origin:	
Destination:	
Description	
National Route Code :	
Board Route Code:	
Origin:	
Destination:	
Description	

National Route Code :	
Board Route Code:	
Origin:	
Destination:	
Description	
Description	
National Route Code :	
Board Route Code:	
Origin:	
Destination:	
Description	
	The state of the s
	The state of the s
CONTRACTED SERV	/ICE (IF APPLICABLE)
Type of contract:	
Contract reference number:	
Names and address of parties in the contract:	
F	
Name and address & subsequential (if a realizable)	1-1-
Name and address of sub-contractor (if applicat	ore):

	FORM 8A PAGE 4
AUTHORIZED	RANKS AND TERMINALS:
Authorized ranks and / or terminals and oth Points for picking up and setting down of Passengers	er
TIME TABLES (in th	ne case of scheduled services)
The applicable time tables are attached as a	nnexures
SERVICE CONDITIO	ONS IMPOSED BY THE BOARD
This operating Licence is issued subject	
to the following conditions:	
Date of issue of Operating Licence:	

PROVINCIAL LOGO

******** PROVINCIAL REGULATORY ENTITY

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

APPLICATION FOR THE GRANTING, RENEWAL, AMENDMENT, TRANSFER OR CONVERSION OF AN **OPERATING LICENCE OR PERMIT**

SECTION A (Compulsory for al	application types)	and the second of the second s
TYPE OF APPLICATION		Fig. 1. Annual Conference of the Conference o
This application is for:		
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 permit		
permu		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 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 Ilcence		
SECTION B (Compulsory for al		
PARTICULARS OF APPLICANT		and the second of the second o
Name of company, partnership, corporation of other legal entity, or	on The state of th	
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 certified copy	Passport	Foreign identity document

																				١	FO	RM	1 18	3 F	AG	iE :
Identity no. / passport no. / business registration number																		<u> </u>								
Trade name (if applicable)												Π				Γ	Τ									
Type of business	П			Π	Π					Γ	Π		Γ	Π	T		Ţ	T	T	╗		Π	Γ		Ī	Γ
Postal address and code				Ī						Ī	Ī	Ī			Г	Ī	T	T	T	Ŧ			Π	F	T	T
	П			İ	Г					<u> </u>		T	T		T	T	T	T	1	\exists		_	Γ	Г	T	T
															L			F	os	tal	cod	e				
Street address (if different from postal address). Domicilium citandi et executandi																	I I									
	\vdash		<u> </u>						_	<u> </u>	<u> </u>	<u> </u>		_	Ļ	<u> </u>	<u> </u>	JP	os	tal	cod	е	L	L	_	_
Telephone number(s)	Ш									<u> </u>	_		Cod	e		<u>_</u>	<u> </u>	<u> </u>	_							
													Cod	e												
Facsimile number (if any)													Cod	e												
E-Mail address (if any)																	_									
Income tax registration number					<u> </u>									<u> </u>		L	L	Ţ								
In the case of a company, partnership, close be given:	e con	pora	atio	n or	othe	er ju	risti	с ре	erso	n, p	artio	cula	rs o	fthe	e pe	rso	n re	spo	ons	sible	e to	rep	resi	ent	ît m	ust
Sumame															Ι	Γ	Ι	Ι							L	Ι
First names (not more than 3)																										•
Identity number										Π		Ī	Π					,								
Type of identification	RS	A id	ent	ity d	ocu	men	t					Pa	ssp	ort	***											
	Oth	er (spe	cify]		
Telephone number													Cod	е			I	I	T							
Cell number	\Box			Ī																	•					
SECTION D (Compulsory for app	lica	tio	n t	y pe	es 2	2,3,4	4 a	nd	5)			_														
PARTICULARS OF EXISTING OP- renewal, amendment, transfer or	ERA	TI	NG	L	CE					RN	AIT	(in	th	e c	as	9 Q	f a	n :	ap	pli	cal	ljoi	n fo	>r		
Operating licence number/permit number	П											Γ	Π		Τ	Ī	Τ	Т	T							
RGULATORY ENTITY which issued the operating licence/permit																	Ī	Ī	İ						I	Γ
Date of issue	$\overset{V}{\square}$	Υ	Y	Y	1	M	М	,	D	D	Ð	cpiry	dat	e		Ç	Y	Ţ	\prod_{i}	Y	/	M	М]/		D

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 app												***							_							***************************************
PARTICULARS OF PERSON OR TRANSFERRED (In the case of a									*		(A)	IN	G L	JC	ΕN	CE	15	14	ש כ	E			,			.′
Name of company, partnership, corporation							,, , , ,		-,			************			,	· ·							-			
or other legal entity, or sumame in the case of a sole proprietor	<u> </u>							Щ													Ι					
First names, if sole proprietor	Г							П																\Box		
(not more than 3)								,																		
Type of identification	RS	A ic	lent	ity d	ocui	mer	ıt					Ter	npo	rary	/ ide	ntity	/ ce	rtific	cate							•
(attach cerified copies)	Pa	ssp	ort									For	eigr	ide	entit	y do	cur	nen	t .		,				*x., •	4 1 •-
	Fo	undi	ng s	state	eme	nt						Cer	tific	ate	of in	ncor	por	atio	n			\bot				
	Fo	undi	ng a	agre	eme	ent		-				Par	tner	shi	p Aç	gree	mei	nt								
Identity no./business registration number																										
Trade name (if applicable)																					I					
Type of business																			Π	Τ	I	1				
Postal address and code	Г																		Π	Τ	T	T	٦	╗		Π
		ļ —			П			П				_				T			T	T	†	7	7	٦		厂
																		Po	stal	co	de	1	\exists	\dashv		T
											T				Π					Γ	T	Ť	T	T		Π
Street address (if different from postal address) Domicilium citandi et executandi	\vdash						-	H											T	T	\dagger	\dashv	7	ヿ		┪
additional production of the order of the or	-																	Po	stal	co	de	1	1	1		
Telephone number(s)								П					ode	<u> </u>						1		_				
					П			H		ᅱ			Code						T	١						
Facsimile number (if any)												C	Code	•						j						
E-Mail address (if any)																				Ī						
Income tax registration number]						
*Attach Original Tax Clearance Certificate																										
*Include written consent of transferor																										
SECTION F (Compulsory for all a	ppl	ica	tio	n ty	/pe	s)																				
TYPE OF PUBLIC TRANSPORTS				:		٠.	,				., .			1		. :	٠,		;						`	
[Tick type of service: it may be necessary to	tick	mo	re th	an (one]																					
Type of service	Sct	nedu	ıled	bus	ser	vice							Min	ibus	s tax	d-ty	pe s	erv	ice							
*Please attach a certified copy of the	Sta	ff se	ervic	e									Cha	rte	rse	vice)									
contract between the operator and	Cou	urtes	sy s	ervi	се								Met	ere	d ta	xi se	ervic	e :						\prod		
school or other educational institution or	*Sc	hola	ar se	ervic	æ							Ī	Oth	er s	ervi	ce								T		

letter 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)																								
Number of passengers that will be carried]																 				
Number of passengers that will be carried				w.		-																		
In the case of a long-distance service, state why passengers cannot use existing transports services and motivate why the proposed service is necessary (supporting documents may be attached)																								
In the case of a renewal, amendment, transfer or conversion, have the services been provided continuously for a period of 180 days prior to the date of application?					YE	S				NC)													
If NO, give reasons																				 				
*Any recommendations or documentation in SECTION G	sup	port	of	this	apı	plica	ition	ma	y be	att	ach	ed.												
PARTICULARS OF ROUTES (Not applicable for Charter Servic	es	anı	d I	Met	en	ed .	Гах	ls)	 	•) () () () (. ,				· (·	. 3.
Describe the FIRST route in detail:	···········							·		_	_								 				.	
Departure point	Щ				Ļ	<u> </u>	Ļ		Ļ			<u> </u>	Ţ	_	_	_	_	_		L	Ļ	Ļ	丄	Ц
Destination						<u>L</u>		<u> </u>	<u>L_</u>	<u>L</u>	<u>_</u>	<u> </u>		<u> </u>					 	 <u></u>	<u> </u>	<u> </u>	<u> </u>	Ц
Route description (State street names or 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)																								

Describe the SECOND route in detail (Cor	nple	te for	арр	lica	ation	of	addi	ition	al s	ervi	ice))														
Departure point										\mathbf{L}				\perp	\prod				L				I	$\underline{\mathbb{L}}$		
Destination										L	I		I		I								$oxed{\mathbb{L}}$	\prod		
Route description (State street names or	F																	_								
road numbers and each point where passengers are picked up or set down, and	d,																									
where applicable, beacons or land marks for each city, town, village or settlement:	-																									
vague route descriptions will not be accepted)																										
	L																									
[If there are more routes, they must be des	cribe	ed or	a se	pa	rate	sh	eet	of p	ape	r]																
In the case of Metered Taxis please																		_								
decribe the area which will be serviced:	L																						_			
	L																			····						
SECTION H (Compulsors for all		lios																								
AUTHORISED RANKS AND TER					ype	:5)	's	-: - ;	,			(, p.)	72.	2 1	-	_	-			. /	,	* ,	7	-		
No more real and the real																_										• •
State the authorised ranks and terminals	_																									
used or to be used	-												-													
	-																									
	-																								-	
SECTION I	L																									
PARTICULARS OF CONTRACT (ln t	he c	ase	• o	f a	CO	ntr	ac	ted	88	IV	ice)			• •	ï	_					. .		<u>.</u>	
A certified copy of the contract is to be atta															or lo	са	sp	he	re o	f gc	ven	nme	ent)	•		1
Type of contract	Co	mm	ercia	se	ervic	e c	ontra	act				7	Sı	ubsi	dise	d s	sen	/ice	e co	ntra	act		Г		1	
			ated							Π		Ĩ													-	
		•								_																
Contract reference number																										
Names of parties to the contract	1																									
	2										_	-						_								
	- L																									
Addresses of parties to the contract	1	П								Г	Г	T	Т	Τ	Τ	T	T	٦			Γ	Г	Τ	Π	Τ	П
·											Γ	T		T		T	1	٦					Γ			П
														L		I			Pos	tal	cod	e				
:	2											Ι	Ī	Γ	Γ	Ī	Ī	Ĩ					Г			\prod
																I	I									
			T								Ī					Γ	T	1	Pos	ital	cod	е —				П

Name of sub-contractor (if applicable)																							
Address of sub-contractor (if applicable)	\prod		T			T		T	Τ	T	T				Γ								
,	П		T	Γ				T	Τ	T	Γ	Γ	T	Г	-								
	П	T		T		1	7		T	T	T	Г		Γ		Pos	stal	cod	e				
Duration of contract	Fro	m	Т	T			, [Ť	1,	Г	T	to	_	Π		İ		,	Γ		,		
Daration of contract	1 101			Y	$\overline{}$	—J' ✓	'∟ N	M	٦,	D	D] 10		<u></u>	<u> </u>	<u>-</u> -	<u>. </u>	ľ	<u> </u>	M	′	D D	D D
SECTION J			•	•	•	•	14	191		U	Ü			,	,	,	•		141	141		٥	0
TIME TABLES (in the case of a so	had	مارر	d ec	mi	·e)										,								
TIME INDEED (III the outer of a se	71100	<u> </u>	-		,											***							<u> </u>
The applicable (current) time tables are attached as Annexure.	Y	es				No																	
SECTION K (Compulsory for all a	ilaa	cati	on t	av	es)																		
DECLARATION		8 7						,								7.	e.		-			٠,	
I, the undersigned (full name)																							
certify that the information furnished in this a	pplica	ation	form	ı is tı	ue a	nd c	orre	t.															
I accept that if information supplied in this ap									lica	tion	will	be	rejed	ted	and	l m	ay b	e d	isqu	alifi	ed		
from making an application for an operating													Ī				•						
						• • • • •																	
Signature	t	Date																					
Name of person																							
						T			I				T	Ţ									
Name of person										I			Ι		<u> </u>								
Name of legal entity (if applicable)	ıppli		ion:	type	es)	1							1]	<u> </u>								
Name of person	ıppli		ion	typ	es)								Ι	I									• 4
Name of person Name of legal entity (if applicable) SECTION L (Compulsory for all a			31 : 1 31 : 1		. ś	nter	ad to	Durch	nase	e (if	no v	rehi	cle i	s ow	ned	l at _l	pres	ent)	l i	-			
Name of person Name of legal entity (if applicable) SECTION L (Compulsory for all a	e of v	/ehic	cle/s	that	you i															icle		.,	
Name of person Name of legal entity (if applicable) SECTION L (Compulsory for all a VEHICLE DETAILS For a new application please indicate the type	e of v	vehic	cle/s ehicl	that e. Th	you i	ore,	the a	pplic	ani	t is n	equi	red	to p	ay ti	ne f	ee fo	or ea	ach	veh				
Name of person Name of legal entity (if applicable) SECTION L (Compulsory for all a VEHICLE DETAILS For a new application please indicate the type *Please note that operating licences are grants.	e of v	vehic	cle/s ehicl	that e. Th	you i	ore,	the a	pplic	ani	t is n	equi	red	to p	ay ti	ne f	ee fo	or ea	ach	veh				
Name of person Name of legal entity (if applicable) SECTION L (Compulsory for all a VEHICLE DETAILS For a new application please indicate the type *Please note that operating licences are gradlisted in this application. If applications are in	e of v	vehic	cle/s rehicl	that e. Th	you ineres	ore, e (3)	the a	pplic	cant plea	t is n	equi attac	red ch a	to p	ay ti parat	ne fo	ee fo	or ea	ach tain	veh ing t		-		
Name of person Name of legal entity (if applicable) SECTION L (Compulsory for all a VEHICLE DETAILS For a new application please indicate the type *Please note that operating licences are grallisted in this application. If applications are indetails below.	nted p	vehic	cle/s rehicl	that e. Tr	you ineres	ore, e (3)	the a	pplic	cant plea	tis m	equi attac	red ch a	to p	ay ti parat	ne fo	ee fo	or ea	ach tain	veh ing t			.,	
Name of legal entity (if applicable) SECTION L (Compulsory for all a VEHICLE DETAILS For a new application please indicate the type *Please note that operating licences are grallisted in this application. If applications are indetails below. Type:	nted p	vehic	cle/s rehicl	that e. Tr	you ineres	ore, e (3)	the a	pplic	cant plea	tis m	equi attac	red ch a	to p	ay ti parat	ne fo	ee fo	or ea	ach tain	veh ing t				
Name of person Name of legal entity (if applicable) SECTION L (Compulsory for all a VEHICLE DETAILS For a new application please indicate the type *Please note that operating licences are gradisted in this application. If applications are indetails below. Type: Motor car	nted p	vehic	cle/s rehicl	that e. Tr	you ineres	ore, e (3)	the a	pplic	cant plea	tis m	equi attac	red ch a	to p	ay ti parat	ne fo	ee fo	or ea	ach tain	veh ing t				
Name of person Name of legal entity (if applicable) SECTION L (Compulsory for all a VEHICLE DETAILS For a new application please indicate the type *Please note that operating licences are grallisted in this application. If applications are note that below. Type: Motor car Minibus	nted p	vehic	cle/s rehicl	that e. Tr	you ineres	ore, e (3)	the a	pplic	cant plea	tis m	equi attac	red ch a	to p	ay ti parat	ne fo	ee fo	or ea	ach tain	veh ing t				

Vehicle 1:						,	,	·								,									
Vehicle registration number		L						L		L			Ш												
Vehicle identification number (VIN)									<u>L</u>		<u>_</u>														
Type of vehicle							<u></u>																		
Year of manufacture]																				
Make of Vehicle																									
Number of passengers to be carried							_																		
Number of kilometers travelled											Alr	ead	y pu	rcha	sec	?		YE:	s_		NO				
Vehicle 2:																									
Vehicle registration number																									
Vehicle identification number (VIN)																									
Type of vehicle																									
Year of manufacture																									
Make of Vehicle																									
Number of passengers to be carried					_															_					
Number of kilometers travelled											Aln	eady	/ pui	cha	sed	?		YE	s		NO				
Vehicle 3:	·																					····			
Vehicle registration number							<u>_</u>				<u> </u>		Ц												
Vehicle identification number (VIN)																									
Type of vehicle							<u> </u>	L																	
Year of manufacture									_											4					-
Make of Vehicle							<u> </u>				L_												\perp		
Number of passengers to be carried																	,								
											Alre	eady	pur	cha	sed	?		YES	s		NO				
SECTION M - FOR OFFICIAL USE OTHER CONDITIONS IMPOSED E	·			FG	111	AT	OF	· V	FN'	TIT	v .	nŧ.	nn	lic	hl	2				, J -	7,74				7
	<u> </u>		- 11		UL	<u>~:</u>	<u> </u>			121	•	115 4	.PP	110		9,							-		
This operating licence is issued subject to the following conditions																									
																								-	
*Or attach conditions imposed as a	_																								_
schedule	_														_		_								\dashv
	<u> </u>										_		·····												
Date of issue	П	1		\neg	, [Т		,			!														
Date 01 1990c	<u></u> У	У	I Y	 Y	٠ ١	M	і м	l'	L D	니 D															
			-						-	_															

Signature of designated official of Regulatory Entity

OPERATING LICENCE PARTIC	ULARS	the transfer of the second of
Operating Licence 1		
Operating Licence number		
Valid from	Valid to	
	YYYY MM DD	YYYY MM DD
Captured application details on		
OLAS	YYYY MM DD	•
Date submitted to Publications		
	YYYY MM DD	
Date refered to PREs and Planning		
Authority	YYYY MM DD	
Operating Licence 2		
Operating Licence number		
Valid from	Valid to	
	YYYY MM DD	YYYY MM DD
Captured application details on		
OLAS	YYYY MM DD	
Date submitted to Publications	Y Y Y M M D D	
Data referred to DDFs and Dispring	رياني المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة	
Date refered to PREs and Planning Authority	YYYY MM DD	
Operating Licence 3		
Operating Licence number		
-	/ / / / / / / / / / / / / / / / / / /	
Valid from	YYYY MM DD	YYYY MM DD
Captured application details on		
OLAS	Y Y Y M M D D	
Date submitted to Publications		
	YYYY MM DD	
Date refered to PREs and Planning		
Authority	YYYY MM DD	

^{*}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	YYYY M M D D
Captured application details on	
OLAS	Y Y Y Y M M D D
Reference number	
Receipt number	
Amount Paid	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
Valid from	Y Y Y Y M M D D Y Y Y Y M M D D
Official's name	
	Y Y Y Y M M D D
CHECKLIST	
A certified copy of one of the following:	RSA Identity Document
	Passport
	Temporary RSA Identity Document
	Foreign Idendity Document
	Partnership Agreement
	Board Resoltion/ Founding agreement
Valid Tax Clearance Certificate.	
Valid vehicle licence and registration	
Written consent of transferor in the case of	f a transfer and a certified copy of transferor's operating licence or permit.
Has signed a statement to the effect that h	ne or she or it, will comply with labour laws in respect of drivers and other staff,
as well as sectoral determinations of the D	epartment of Labour.
Letter or document of recommendation in	support of the application (if any)

FORM 2B PAGE 1

(INSERT COAT OF ARMS/LOGO)

(INSERT PROVINCE) PROVINCIAL REGULATORY ENTITY

LETTER OF REFERRAL ADDRESSED TO RELEVANT PLANNING AUTHORITY

ADDRESSEE Planning Authority	Date: [*********] OL Reference number: [********]
	Contact Person: [********]
•.	Tei: [*********]
	Fax: (********)
	Email: [*******]
REQUEST TO PLANNING AUTHORITY FOR RECOMMENDATIONS/ COMMENTS: CONCEING PRESENTED TO PLANNING AUTHORITY FOR RECOMMENDATIONS/ COMMENTS: CONCEING PRESENTED TO PLANNING AUTHORITY FOR RECOMMENDATIONS/ COMMENTS: CONCEING PRESENTED TO PLANNING AUTHORITY FOR RECOMMENDATIONS/ COMMENTS: CONCEING PRESENTED TO PLANNING AUTHORITY FOR RECOMMENDATIONS/ COMMENTS: CONCEING PRESENTED TO PLANNING AUTHORITY FOR RECOMMENDATIONS/ COMMENTS: CONCEING PRESENTED TO PLANNING AUTHORITY FOR RECOMMENDATIONS/ COMMENTS: CONCEING PRESENTED TO PLANNING AUTHORITY FOR RECOMMENDATIONS/ COMMENTS: CONCEING PRESENTED TO PLANNING PRESENTED TO PRESENTED TO PLANNING PRESENTED TO PRESENTED TO PRESENTED TO PLANNING PRESENTED TO	RNING AN APPLICATION IN CONNECTION WITH AN
Dear Sir/Madam	
In accordance with the National Land Transport Act, 2009 (Act no.5 of 2009) the following operating licence for the provision of public transport services:	ng application has been made in connection with an
[Name of Applicant] has made an application for the [granting/renewal/amendment/trayour area.	ansfer/conversion) of an operating licence or permit in
You are requested to supply your recommendations and comments regarding this applic	cation.
The attached application form contains all of the necessary information that will allow for and/or comments.	or you to make the appropriate recommendations
If no response is received from your institution within the allocated time, then the [Prov process and decide upon the application without your input.	rince] Provincial Regulatory Entity may proceed to
Please supply your recommendation by no later than [dd/mm/yyyy].	
Yours sincerely	
[Insert Name and designation]	
[Signature]	
On behalf of the [Province] Provincial Regulatory Entity	

MUNICIPAL LOGO

******* MUNICIPAL REGULATORY ENTITY

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

APPLICATION FOR THE GRANTING, RENEWAL, AMENDMENT, TRANSFER OR CONVERSION OF AN OPERATING LICENCE OR PERMIT

TYPE OF APPLICATION								٠.			•					,			•
This application is for:				-							-								•
Application type:			Co	mnı	ulsor	v se	ctic	ns to	n b	e c	om	nle	ted	by	ane	olic.	ant		•
•			_			,				-	•	.		~,					
1) New operating licence			Α,	B,C,	F,G,	H,K,	L												
2) Transfer of an operating licence or permit																			
					D,E,														
3) Amendment of an operating licence or permit for:			A,i	В,С,	D,F,	,H,	,K,Ł	•											
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,E	3,C,	D,F,0	Э,Н,	K,L	,											
or permit																			
5) Conversion of a permit to an			A,E	3,C,I	D.F,C	3,H,	K,L												
operating licence																			
SECTION B (Compulsory for all	application types)																		•
PARTICULARS OF APPLICANT								٠.			,		٠,	2	٠.				•
Name of company, partnership, corporation or other legal entity, or	on											I	I					Ī	
surname in the case of a sole proprietor						Т	7	Т	_		Т	Т	Т	_	_		Т	т-	-
First names, if sole proprietor		لــــــــــــــــــــــــــــــــــــــ				丄					L_	_	_				L	上	_
(not more than 3)														-					
Type of identification	RSA identity document	\bot		Ter	npor	ary i	der	ıtity (cer	tific	ate	,							
*Attach a certified copy	Passport	4-1		For	eign	ider	ıtity	doc	um	ien	Ì			_					
	Founding statement	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$		Cer	tifica	te o	f in	corp	ora	tior	1								
	Memorandum of Understanding			Par	tners	hip	Agı	reem	en	ŧ									

																			-	FO	RM	110	; P	AG	E 2
Identity no. / passport no. / business registration number																									
Trade name (if applicable)																									
Type of business																									
Postal address and code		T										Γ													
							<u> </u>					L			_			Pos	stal	cod	e				
Street address (if different from postal																									
address) Domicilium citandi et executandi		_	\perp				_		_	_	_	_	_		_								_	_	Ц
			_						<u> </u>		<u>_</u>	<u> </u>	<u> </u>		_			Pos	stal	cod	е	L_	<u> </u>		Ш
Telephone number(s)									<u>_</u>				Cod	е	L										
													Çod	е											
Facsimile number (if any)													Cod	e											
E-Mail address (if any)					_						,	_													
Income tax registration number	Ш						Ļ			L		L	<u></u>		L.										
[Attach an original Tax Clearance Certificate	e]																								
SECTION C (Compulsory for all a	ppli	icat	ior	<u>1 t</u>	уре	s)							,,,, ,,												
PARTICULARS OF PERSON RES	PON	VSI	BL	<u>E f</u>	FOF	R A	JL	JRI	ST	IC	PE	RS	ON					٠.,							
In the case of a company, partnership, close be given:	е соп	porat	tion	or	othe	r ju	risti	с ре	erso	n, p	artio	cula	rs o	f the	pe	rson	res	pon	sible	e to	rep	rese	ent i	t mı	ust
Sumame																									
First names (not more than 3)																									
Identity number			T										Ī												
Type of identification	RS/	A ide	ntit	y d	ocur	nen	rt					Pa	ssp	ort											
		er (s																							
Telephone number													Cod	e											
Cell number		T										7													
SECTION D (Compulsory for app	lica	tion	ty	pe	s 2	,3,	4 a	nd	5)	<u> </u>	-	_													
PARTICULARS OF EXISTING OP renewal, amendment, transfer or	ERA	TIN	IG	LI	CEI		. 10	- 1		RN	RIT	(ir	th	9 C	as (of	ar	aŗ	pli	ca	tio	n fo)F		
tenewal, unfortanions, transfer of			7		<u></u>							_								<u>-</u> -					
Operating licence number/permit number	Ш												<u></u>												
RGULATORY ENTITY which issued the operating licence/permit																									
Date of issue	\bigcap	Å	Ţ	Y	/ [м	M	1	D	D	E	xpi	ry d	late)	Ÿ	Y	Y	Y	1	M	М	/		D

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 app	lica	tio	n t	ype	e 2																				
PARTICULARS OF PERSON OR TRANSFERRED (in the case of a											RA'	TIN	IG I	LIC	EN	CE	: IS	TC	B	E					
Name of company, partnership, corporation																									
or other legal entity, or surname in the case of a sole proprietor																									
First names, if sole proprietor	L			_				L			L											L		L	
(not more than 3)	,										1												1		
Type of identification	RS	SA ic	ient	ity c	locu	ımeı	nt					Те	mpo	orary	ide	ntit	у се	rtific	ate						
(attach cerified copies)	Pa	ssp	ort									Fo	reig	n ide	entit	y do	ocun	nen	<u>t</u>			$oxed{oxed}$			
	Fo	und	ing	stat	eme	ent				L,		Се	rtific	ate	of i	ncor	por	atio	1			_			
	Fo	und	ing	agre	em	ent						Pa	rtne	rshi	ρAg	gree	mer	nt]		
Identity no./business registration number]_								
Trade name (if applicable)																									
Type of business																									
Postal address and code																									
	Ĺ								L																
																		Po	stal	coc	te				
Change and a constitution of the constitution					Γ	Π																			
Street address (if different from postal address) Domicilium citandi et executandi	Г																					П			
																		Po	stal	COC	ie				
Telephone number(s)												(Cod	е											
												(Cod	e											
Facsimile number (if any)												(Cod	e											
E-Mail address (if any)																									
Income tax registration number																									
*Attach Original Tax Clearance Certificate																									
*Include written consent of transferor																									
SECTION F (Compulsory for all a	ppi	ica	tio	n ty	/pe	es)																			
TYPE OF PUBLIC TRANSPORTS					-	1										,									
[Tick type of service: it may be necessary to	tick	mo	re ti	nan	one]							,												
Type of service	Scl	hedu	uled	bus	se	rvice	<u> </u>						Mir	ibus	tax	ci-ty	pe s	ervi	ce						
*Please attach a certified copy of the	Sta	ff se	ervic	æ									Chi	arter	sei	vice	<u> </u>				·				
contract between the operator and	Col	urte	sy s	ervi	се								Me	tere	d ta	xi se	ervic	e							
school or other educational institution or	•Sc	hol	ar se	ervio	e_								Oth	er s	ervi	се									
letter 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.

Departure point

Destination

																			F	OR	M 1	C	PAC	ŝΕ
Other type of service (describe)														 										
	<u>_</u>																							_
Number of passengers that will be carried														 										
	L													 										
n the case of a long-distance service, state	-													 										_
why passengers cannot use existing ransports services and motivate why the	-		-											 	-									
proposed service is necessary (supporting documents may be attached)	 													 										
,									-															_
in the case of a renewal, amendment, transfer or conversion, have the services been provided continuously for a period of					ΥE	s				NO)]											
180 days prior to the date of application?																								
f NO, give reasons																								
	_																							
	-													 										_
	-													 							**********			
	L													 										
'Any recommendations or documentation in	sup	port	of t	his	арр	lica	tion	may	/ be	atta	ach	ed.												
SECTION G																								
PARTICULARS OF ROUTES		4 }			2,					. 4				30 a.	9- , e. 4	की कर् भारती		. 1		194	Andrije Tij	·	6 1 54	. p.
Not applicable for Charter Service	es	an	d N	let	ere	d	Гах	is)		() ()	4.1,1		弾け _M y 2	en.	· 19	30,55			٠`.	*			! .:	
Describe the FIRST route in detail:																								
Departure point																								
Destination													\prod		I		I							
Route description (State street names or																								
oad numbers and each point where eassengers are picked up or set down, and, where applicable, beacons or land marks or each city, town, village or settlement: rague route descriptions will not be																								
accepted)																								
	-											-		 										
Describe the SECOND reside in detail (0		for		lia-	ties			lion.			<u></u>			 					-				·····	
escribe the SECOND route in detail (Comp	ハゼルビ	וטו:	aUU	וויכל	uOI l	UI	auul	UUII	ai St	a vic	C)													

۱	FO	n		4	^	•	•	~	
ı	-1.	т.	w	- 1	٠.	~	44		

	Г																		****						
B	\vdash																								
Route description (State street names or 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)	-																								-
	_																								_
	\vdash																								
	L																								
[If there are more routes, they must be desc	ribe	d on	a se	par	ate	she	et of	pa	per]																
In the case of Metered Taxis please																									
decribe the area which will be serviced:																									
																			-						
	<u> </u>		_																						
SECTION H (Compulsory for all a	ιрр	licat	tion	ty	pe	s)																			
AUTHORISED RANKS AND TERM	IIN	ALS	γ'. '	1.25	٠,٠.		. :				,			ica Caj				· .	•						47.7
	<u> </u>																								\neg
State the authorised ranks and terminals	-																								
used or to be used	-																								_
	-																								\dashv
	\vdash																								\dashv
	L_																								
SECTION I					·								-												
PARTICULARS OF CONTRACT (I	n ti	10 C	ase	of	8 (COF	ıtra	cte	d t	Bel	rvi	ce)				1 /1	187	·· ·- · .			<i>M</i>			*	
A certified copy of the contract is to be attac	hed.	(No	te: C	nly	con	ntrac	ts w	ith I	Nati	ona	al, F	orov	rinci	al o	loc	al s _i	ohei	re of	f go	vem	me	nt)			
Type of contract	Col	mme	rcial	ser	vice	e co	ntrac	zt .					Sul	bsid	ised	ser	vice	COI	ntra	ct					
	Ne	gotia	ted o	ont	ract				Ē															'	
Contract reference accepts			_	Т	Т	Т	Т	Т	Т	-		Г	1						,						
Contract reference number	H																								_
Names of parties to the contract 1	느																								
2																									
Addresses of parties to the contract 1																									
											_						İ								
																		Pos	tai	code	;				
2	П	Т		T		T	T	T	T									П							
_	H	\dashv	+	\top	1	\top	十	十	十	寸	٦					7	寸	寸			\neg			\neg	\dashv
	П		_	T	†	丁	丁	_	丁	7							_	Pos	tal	code					-

Other

FORM 1C PAGE 6

Name of sub-contractor (if applicable)																											
Address of sub-contractor (if applicable)								Γ			Ι		T				Γ	I									
	П		T										Ι					Τ									
													T					Τ		Pos	ital	cod	e				
Duration of contract	Fro	m	T				Γ	1,	Г	T	7,	T	Ī	ī	to		Γ	T	Ŧ			ļ,	Γ		1,		
		••••	L	I Y		Υ		1.	M	м	٦,	D					_ V			Y		ľ	<u> </u>	M	1,	D	n
SECTION J				•	•	•	•		141	141		٦		•			•	•		•	•						
TIME TABLES (In the case of a.sc	had	testa	ari e		· Nic	رمء													4.1								
TIME TABLES, IN the outer of a.o.	,,,,,,	1601	3 u . (<u>,</u>																					· · ·
The applicable (current) time tables are attached as Annexure.		es/					No)]																		
SECTION K (Compulsory for all a	nnli	cai	tion	. 6.	m	.e\																					
DECLARATION	ppii	<u> </u>	1101		Pe	:3/														Ţ	. , .		,			ì ,	4 -11
											-					٠ .										***	ž "u"
I, the undersigned (full name)															•												
certify that the information furnished in this a	• •										P	. 41	•							٠			Ir				
I accept that if information supplied in this ap							: rai:	se,	tne	арр	HICE	NOITE	ı Wi	II D	e r	eje	cted	aı	10	ı m	ay t	e c	usqu	aun	eo		
from making an application for an operating	licen	ce II	n tne	e tu	iture	€.																					
			****	• • • •	***	• • • •			,,,,		•••		•														
Signature	1	Date	ę																								
Name of person																											
	П	Т	Т			Ι		Т	1	T	Т	Т	_	7		T	Т	Т	Т		_	_	T	Т	Т		
Name of legal entity (if applicable)	Ш					L	<u> </u>			<u> </u>						<u> </u>		L					L	<u> </u>	<u> </u>		
OFOTION & Communication of the	1	•	4:	. 4.		\																					
SECTION L. (Compulsory for all a	ppi	ıca	TIOI	יו די		es)			٠,			· ·							100	Lgh.		<i>2</i>	. 1	7.		- 41	٠,
VEHICLE DETAILS						,	<u>.</u>	***********							0.4			5	a.	u.s	Sec. 5		*- ',				,
For a new application please indicate the type	e of	veh	icle/	s th	nat y	y o u	inte	nd 1	to p	urch	nas	e (if	no	ve	hic	le i	S OY	VN	ed	at p	res	ent):				
*Please note that operating licences are gra-	nted	per	vehi	cle	. Th	nere	fore	, th	e ap	plic	ani	t is i	req	uire	d :	o p	ay 1	he	fe	e fo	or ea	ach	veh	icle			
listed in this application. If applications are n	nade	for	more	e th	nan	thre	e (3	3) ve	ehic	les	ple	ase	att	act	ı a	se	ara	ite	рa	ge	con	tain	ing	the			
details below.																											
Type:	No.		;	Sea	ating	g ca	pac	ity:	"		N	umt	oer	of :	vet	nicle	es to	o b	e p	urc	has	ed:					
Motor car		- 1	1			i	ı	i	1																		
Motor car			L																								
Minibus																											
									-																		

Vehicle 1:		
Vehicle registration number		
Vehicle identification number (VIN)		Ш
Type of vehicle		
Year of manufacture		
Make of Vehicle		
Number of passengers to be carried		
Number of kilometers travelled	Already purchased? YES NO	
Vehicle 2:		
Vehicle registration number		
Vehicle identification number (VIN)		
Type of vehicle		
Year of manufacture		
Make of Vehicle		
Number of passengers to be carried		
Number of kilometers travelled	Already purchased? YES NO	
Vehicle 3:		
Vehicle registration number		
Vehicle identification number (VIN)		
Type of vehicle		
Year of manufacture		
Make of Vehicle		
Number of passengers to be carried		
	Already purchased? YES NO	
SECTION M - FOR OFFICIAL US		
OTHER CONDITIONS IMPOSED	BY THE REGULATORY ENTITY (If applicable)	
This operating licence is issued subject to the following conditions		
•		
*Or attach conditions imposed as a		
schedule		_
Date of issue		
CALC OF ISSUE	YYYY MM DD	

Signature of designated official of Regulatory Entity

OPERATING LICENCE PARTICI	ULARS	, se de . Circi d
Operating Licence 1		
Operating Licence number		***************************************
Valid from	/ Valid to // //	
	YYYY M M D D YYYY M M	D D
Captured application details on		
OLAS	YYYY MM DD	
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	
Operating Licence 2		
Operating Licence number		
Valid from	/ Valid to // // //	
	YYYY MM DD YYYY MM	D D
Captured application details on		
OLAS	YYYY MM DD	
Date submitted to Publications		
	YYYY MM DD	
Date refered to PREs and Planning		
Authority	YYYY MM DD	
Operating Licence 3		
Operating Licence number		
Valid from	/ Valid to // // //	
	YYYY M M D D YYYY M M	D D
Captured application details on		
OLAS	Y Y Y M M D D	
Date submitted to Publications		
	Y Y Y Y M M D D	
Date refered to PREs and Planning		
Authority	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	YY		мм], [_	D											
Captured application details on				/ _												
OLAS	YY	ΥY	M M	D	D											
Reference number																
Receipt number													,			
Amount Paid	R						**	- 1 . 5	• *		, "-					
Date submitted to Publications	YY	/ Y Y	ММ], [D	D											
Date refered to PREs and Planning Authority	YY	/	M M	, [D	D											
Valid from	Y Y	/	ММ	/ <u></u>	D	Va	alid to		U Y	Y	Y Y]/	М	/ M	_ D	
Official's name									П							
	YY	/ Y Y	мм	, <u> </u>	D D											
CHECKLIST		₹°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°	1 15.4			: 1			- 11 11 5 %	7. 7. 7.					·i-	
A certified copy of one of the following:		RSA Iden	tity Docu	ment												
		Passport														Ш
	-	Temporar	y RSA lo	lentity	Docun	nent										\coprod
		Foreign Id			ent											${f H}$
		Partnersh														\dashv
		Board Res	solution/	Found	ling ag	reeme	ent									\dashv
Valid Tax Clearance Certificate.			***************************************													+
Valid vehicle licence and registration	-5 - 1 5		-11F1													$oldsymbol{arphi}$
Written consent of transferor in the case of		*********														\forall
Has signed a statement to the effect that as well as sectoral determinations of the I				ı iado	uriaws	ın re	spect	or an	vers a	ario (oner:	รเสที	,			
Letter or document of recommendation in				anv)												H



DEPARTMENT OF TRANSPORT

National Public Transport Regulator/ Provincial Regulatory Entity/Municipal Regulatory Entity
NATIONAL LAND TRANSPORT ACT, 2009 (ACT NO. 5 OF 2009)

APPLICATION FO	R DUPLICATE OPERATING LICENCE, PERMIT OR DECAL
Request for duplicate (Check applicable	e box):
Operating licence	
Permit	
Decal	
*Attach original operating licence, permi	nit or decal.
*If you are no longer in possession of th	the operating licence, permit or decal an affidavit must be supplied with the application
giving the reasons why you are unable	e to submit it.
SECTION A	
PARTICULARS OF APPLICANT	
Name of company, partnership, corporation or other legal entity, or sole proprietor	
First names, if sole proprietor	
(not more than 3)	
Postal address and code	
	Postal code
Street address (if different from postal	
Street address (if different from postal address) Domicilium citandi et	
executandi	Postal code
	Postal code
Telephone number	Code
Facsimile number (if any)	Code
E-Mail address (if any)	
Number of operating licence or permit	
Date of expiry of OL or permit	
	Y Y Y M M D D
Board/ Regulatory Entity	
that issued operating licence or permit	

SECTION B (Compulsory for all	application types)
DECLARATION	
I, the undersigned (full name)	
certify that the information furnished in the	nis application form is true and correct.
I accept that if information supplied in this	application is found to be false, the application will be rejected and I may be
disqualified from making an application fo	or an operating licence in the future.
Signature	Date
Name of person	
_	
Name of legal entity (if applicable)	
H	

FORM 2D PAGE 1



DEPARTMENT OF TRANSPORT

National Public Transport Regulator/ Provincial Regulatory Entity/ Muncipal Regulatory Entity
NATIONAL LAND TRANSPORT ACT, 2009 (ACT NO. 5 OF 2009)

APPLICATION	ON FOR TEN	IPORARY	REPLAC	EMENT (OF VEHIC	CLE		
Requested period for replacement		//		until		<u></u>	/	
of vehicle SECTION A	YYYY	ММ	D D		YYY	Y M	M D [)
PARTICULARS OF APPLICANT	r							
Name of company, partnership, corporation or other legal entity, or sole proprietor								
First names, if sole proprietor (not more than 3)								
Postal address and code			111	TII	TII			1
rostal address and obse					$\dagger \dagger \dagger \dagger$			1
						Postal cod	le	1
	<u> </u>		······································			_	<u> </u>	
Street address (if different from postal address) Domicilium citandi et								
executandi								
						Postal cod	le	
Telephone number				Code				
Facsimile number (if any)				Code				
E-Mail address (if any)								
Number of existing operating licence								
Date of expiry of OL or permit		,						
	YYYY	ММ	D D					
Board/Regulatory Entity that issued								
operating licence or permit								

FORM 2D PAGE 2

SECTION B		
TYPE OF PUBLIC TRANSPOR	T SERVICE	*
[Tick type of service: it may be necess	sary to tick more than one]	
Type of service	Scheduled bus service	Minibus taxi-type service
	Staff service	Charter service
	Courtesy service	Metered taxi service
		Other service
Other type of service (describe)		
Number of passengers that will be carried		
SECTION C		
VEHICLE DETAILS		
Vehicle to be replaced:		
Vehicle registration number		
Type of vehicle		
Year of manufacture		
Make of Vehicle		
Number of passengers to be carried		
Vehicle seating capacity		
Replacement Vehicle:		
Vehicle registration number:		
Type of vehicle		
Year of manufacture		
Make of vehicle		
Number of passengers to be carried		
Vehicle seating capacity		

FORM 2D PAGE 3

FOR OFFICE USE ONLY		AAN Y
Date Application received	Y Y Y Y M M D D	
Reference number		
Amount Paid	R	
Official's name		
TEMPORARY VEHICLE REP	LACEMENT PARTICULARS	·
Valid from	Y Y Y Y M M D D Valid to Y Y Y Y	/
CHECKLIST		
Proof of registration and licencing o	f vehicle to be replaced.	
Valid vehicle registration and licence	e incorporating roadw orthiness of replacement vehicle	

FORM 3D PAGE 1



DEPARTMENT OF TRANSPORT

NATIONAL PUBLIC TRANSPORT REGULATOR/PROVINCAL REGULATORY ENTITY/MUNICIPAL REGULATORY ENTITY NATIONAL LAND TRANSPORT ACT, 2009 (ACT NO. 5 OF 2009)

FORM	OF SUBPOENA REQUIRING A PER	SON TO APPEAR BEFORE THE N	PTR/PRE/MRE
	N	OTICE	
Name		and the second s	A CONTRACTOR OF THE CONTRACTOR
Residential Address			
Residential Address			
		Postal Code	
You are hereby requested	and directed to appear personall	y before the NPTR/PRE/MRE at	
			oslq) da
			(dat
to testify and declare what	you know with regard to:		
			and the second s
and to bring the following f	for submission to the NPTR/PRE/	MRE:	
	Market and the second s		
SIGNED AT	on this	day of	20
		No. of the last of	
AUTHORISED OFFICIAL OF T	HE OFFICE OF THE NPTR/PRE/MR	RE .	
	FOR OFF	CE USE ONLY	
I certify that I have served this	notice on the above-named person b	y- [* Delete whichever is not appli	cable + Tick appropriate one.]
 delivering a true copy to him. 			
 leaving, as he/she could not responsible person at his/he 	convenieitly be fount, a true copy wit r-	h apparentiya	
	+ place	e of business	
	+ usual place + last known place	or residence or residence	
SIGNED AT	on this	day of	20
	ning him/her of the nature there		

Number of passengers to be carried

FORM 4D PAGE 1



DEPARTMENT OF TRANSPORT

National Public Transport Regulator/ Provincial Regulatory Entity/ Muncipal Regulatory Entity
NATIONAL LAND TRANSPORT ACT, 2009 (ACT NO. 5 OF 2009)

APPLICATION BY HIRER (OPERAT																					ISF	O	₹T		
SECTION A			- •									=/					-								
PARTICULARS OF APPLICANT																	- T			_					
Name of company, partnership, corporation or other legal entity, or sole proprietor																									
First names, if sole proprietor (not more than 3)																									
Postal address and code																		Pos		cod					
Street address (if different from postal address) Domicilium citandi et executandi																				cod					
Telephone number]	(Cod	е											
Facsimile number (if any) E-Mail address (if any)			_	<u></u>			<u> </u>		<u> </u>			(Cod	e	<u>_</u>	<u></u>		Щ]					
Number of existing operating licence									Ļ																
Date of expiry of OL or permit	Y	Y	Y	Y]/	М	м	/	D	D	j														
Board/Regulatory Entity that issued operating licence or permit]					
SECTION B VEHICLE DETAILS															-							-			
An application is hereby made to certify the	e foll	lowi	ng v	ehi	cles	in t	em	s of	Se	ction	1 84	of t	he /	Act:											
Vehicle 1:																									
Vehicle registration number																									
Vehicle identification number (VIN)	\bigsqcup					L	L		L							<u>_</u>	L			<u> </u>	L	<u>_</u>		Ц	L
Type of vehicle			_		<u> </u>			L_		<u> </u>			L_		L		<u> </u>		<u> </u>	L_					<u></u>
Year of manufacture	\sqsubseteq				_	1	_			τ			Γ		_	г	·				T	τ	_		
Make of Vehicle	\Box										i		<u> </u>	L			<u> </u>				L				

FORM 4D PAGE 2

SECTION C	
DECLARATION	
I, the undersigned (full name)	
certify that the information furnished in this	s form is true and correct.
I accept that if information supplied in this	application is found to be false, the application will be rejected and I may be
disqualified from making an application for	an operating licence in the future.
Cignoture	Deta 1957
Signature	Date 150 Control of the Control of t
Name of person	
reality of person	
Name of legal entity (if applicable)	
FOR OFFICE USE ONLY	- The Company of th
Date Application received	
	Y Y Y Y M M D D
Reference number	
Amount Paid	
Official's name	<u> </u>
Certificate number	
Date certificate issued	
	YYYY MM DD
CHECKLIST	
A certified copy of one of the following:	RSA Identity Document
	Passport
	Temporary RSA Identity Document
:	Foreign Idendity Document
	Partnership Agreement
Proof of registration and licencing of vehicle	Board Resolution/ Founding agreement

FORM 5D PAGE 1



NATIONAL PUBLIC TRANSPORT REGULATOR/ PROVINCIAL REGULATORY ENTITY/ MUNCIPAL REGULATORY ENTITY

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

FORM OF WRITTEN AUTHORISATION FOR THE TEMPORARY REPLACEMENT OF A VEHICLE

	o is the holder of operating licence/permit number [*********], is hereby authorised to replace] with the vehicle with the registration number [********] for the period [dd/mm/yyyy] until
[Signature]	
Signed by official on behalf of [Regulatory Entity] [Insert Name and designation]	
OFFICIAL STAMP	