

Requirement for Processing:
Transfer of Operating License

CHK 2

Application Form Checklist

- | | | |
|--|---|---|
| <input type="checkbox"/> Applicant signed & dated application | Original license : Permit | <input type="checkbox"/> |
| <input type="checkbox"/> Route description correct corresponds with old permit | If Permit: is it still active | <input type="checkbox"/> Operating License <input type="checkbox"/> |
| <input type="checkbox"/> Receipt number | If Permit: Permit Number | _____ |
| <input type="checkbox"/> Application number | <input type="checkbox"/> Check if permit is converted | |
| <input type="checkbox"/> Seating capacity captured | <input type="checkbox"/> ID Number correct | |
| <input type="checkbox"/> Form 10 properly completed | <input type="checkbox"/> Full names & Surname correct | |

Document Checklist x applicable mode

Entry Point	Documents Required	Document Description	Format	MBT	MT	Tour	Chart	Scholar	Bus	Employee
<input type="checkbox"/> CRO	Application form 10	Completed by applicant or company rep if applicant is a company and must be in Company Name and Registration no	Original	X	X	X	X	X	X	X
<input type="checkbox"/> CRO	Application form 1A	Only for Contracted services	Original	X	X	X	X	X	X	X
<input type="checkbox"/> CRO	Additional form 3- A1-P1	Completed by Permit holder & Signed by both parties in front of CRO	Original	X	X	X	X	X	X	X
<input type="checkbox"/> CRO	Identity Document X2	Transferor & Applicant or company representative if applicant is a company	Certified Copies	X	X	X	X	X	X	X
<input type="checkbox"/> CRO	Letter of Authority	Letter confirming that applicant authorized to act on enterprise behalf	Original	X	X	X	X	X	X	X
<input type="checkbox"/> CRO	Additional particulars of the proposed transfer		Original	X	X	X	X	X	X	X
<input type="checkbox"/> CRO	Vehicle particulars	e.g. seating capacity	Original	X	X	X	X	X	X	X
<input type="checkbox"/> CRO	Death Certificate	If permit holder deceased	Certified Copy	X	X	X	X	X	X	X
<input type="checkbox"/> CRO	Letter from executors	If permit holder deceased	Original	X	X	X	X	X	X	X
<input type="checkbox"/> CRO	Taxi Association Support Letter	Confirmation that applicants are both members of the Association	Original	X						
<input type="checkbox"/> CRO	Registrars Support letter		Original	X						

Upliftment

<input type="checkbox"/> Uplift	License & Roadworthy Certificate		Certified Copy	X	X	X	X	X	X	X
<input type="checkbox"/> Uplift	Existing Operating Licenses / Permit	(Original or Affidavit)	Original	X	X	X	X	X	X	X
<input type="checkbox"/> Uplift	Vehicle Registration Certificate		Certified Copy	X	X	X	X	X	X	X
<input type="checkbox"/> Uplift	Proof of passenger liability insurance	MBI (Only if routes longer then 25Kms), Charter services, Tourism operators, Scholars & Workers transport	Certified Copy	X	X	X	X	X	X	X
<input type="checkbox"/> Uplift	Vehicle Checklist	Vehicle needs to be inspected by Traffic Official at Centre	Original	X	X	X	X	X	X	X
<input type="checkbox"/> Uplift	Tax Clearance		Original	X	X	X	X	X	X	X
<input type="checkbox"/> Uplift	Labour Law	Statement in terms of Section 62(1)(C) of the National Land Transport Act (Act 5 of 2009)	Original	X	X	X	X	X	X	X

CRO's Full Name : _____ CRO's signature : _____

Date & Time Application Received : _____ Time _____ h _____

Registry Messengers Full Name : _____

Date & Time Application Received : _____ Time _____ h _____

Approved Chairman of the Board
Mr. M Joolay