

Requirement for Processing:
21 Day Replacement

CHK 6

Application Form Checklist

Affidavit completed Original license : Permit Operating License

Full name and surname correct If Permit: is it still active

If Permit: Permit Number _____

Document Checklist

x applicable mode

Entry Point	Documents Required	Document Description	Format	x applicable mode						
				MBT	MT	Tour	Chart	Scholar	Bus	Employee
<input type="checkbox"/> CRO	Affidavit AFD 1		Original	X	X	X	X	X	X	X
<input type="checkbox"/> CRO	Form 2D		Original	X	X	X	X	X	X	X
<input type="checkbox"/> CRO	Existing Operating License / Permit with Disc		Certified Copy	X	X	X	X	X	X	X
<input type="checkbox"/> CRO	New License & Road worthy Certificate		Certified Copy	X	X	X	X	X	X	X
<input type="checkbox"/> CRO	New Vehicle Registration Certificate	Doesn't have to be in the applicants name, provided that vehicle in not on an active permit	Original	X	X	X	X	X	X	X
<input type="checkbox"/> CRO	Taxi Association Supporting Letter	Letter of support from Taxi Association	Original	X						
<input type="checkbox"/> CRO	Letter from Panel Beater (2nd & Third)	Stating what's wrong with vehicle	Original	X	X	X	X	X	X	X
<input type="checkbox"/> CRO	Passenger Liability		Original		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