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| **Mark applicable Transaction with an X** |
| **List of Possible Applications** | New Permit |  | Temporary Permit |  | Duplicate Permit |  | Renewal of Permanent Permit |  | Additional Permit |  | Replacement of Vehicle |  | Compliance5 Years |  |

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| **PART A**PARTICULARS OF APPLICANT/CARRIER |
| Reference Number |  |  |  |  |  |  |  |  |  |
| Identification Type | RSA-ID |  | FOREIGN- ID |  | BUSINESS |  |
| Company or closed corporation’s registration document, or if a one-man business, the owner’s identity document or passport |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Initials & Surname / Name of Business |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Trade Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Type of Business | One-Man Business | Partnership | Private Company | Public Company | Close Corporation | Other |
| Tax Number  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Contact Person |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Telephone Numbers | Business |  |  |  |  |  |  |  |  |  |  |  | Cell Phone: |  |  |  |  |  |  |  |  |  |  |
| Fax: |  |  |  |  |  |  |  |  |  |  | e-mail: |  |
| Postal Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Street Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name of Transport/Taxi Association of Applicant |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **REPRESENTATIVE OR CONSULTANT** |
| Reference No |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Postal Address & Postal Code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Street Address &Postal Code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Tel No |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fax No |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **PERMIT DETAIL** | PART B | **PERMIT DETAIL** |
| Duration of Permit(Only one duration per application form) | 14 Days | 3 Months(Goods only) | 1 Year | 5 Years | 5 YearsCompliance |
| Permit Type(Only one permit type per application form) | Goods | Taxi Passengers | Passengers on Particular Bus Route | Tourists | Cabotage | ORGANIZED PARTIES |
| Goods | Passengers | OWN EMPLOYEES | Other |
| PARTICULARS OF VEHICLES |
| PermitStarting Date | Vehicle Type(see table below) | GVM | Seating Capacity | Licence / Road Worthy/ C.O.F Expiry Date | Vehicle Registration Number | Vehicle Identification number (VIN) |
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| **VEHICLE TYPE TABLE** |
| Description | Code | Description | Code Truck | Code Trailer |
| MOTORCAR[1 – 6 PASSENGERS] | 1 | FLAT DECK | 8 | 9 |
| **M2 MINIBUS** [7 – 16 PASSENGERS] | 2 | TIPPER | 10 | 11 |
| **M2 MIDIBUS** [17-23 PASSENGERS] | 6 | TANKER | 12 | 13 |
| **M3 MIDIBUS** [24-34 PASSENGERS] | 61 | DROP SIDE BODY | 14 | 15 |
| BUS (SINGLE DECK)[ABOVE 30 PASSENGERS] | 3 | VAN BODY | 16 | 17 |
| BUS (DOUBLE DECK)(ABOVE 30 PASSENGERS) | 4 | TRUCK TRACTOR / MECHANICAL HORSE | 18 | 19 |
| BUS-SEMI-LUXURY[ABOVE 30 PASSENGERS] | 62 | OTHER | 20 | 21 |
| BUS LUXURY [ABOVE 30 PASSENGERS] | 63 | BAKKIE | 22 | - |
| PANEL WAGON | 7 | VENTURE | 23 | - |
|  |  | CONDOR/STALLION | 24 | - |

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| **PARTICULARS OF ROUTE** | **PART C** | **PARTICULARS OF ROUTE** |
| ROUTE DESCRIPTION - MANDATORY**Departure Point/Route to Border Post/Name of Border Post/Destination.** |
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| **MOTIVATION** | PART D | **MOTIVATION** |
| **Motivate the need for the particular service (Include supporting documentation)** |
| **[WITHOUT A MOTIVATION THE APPLICATION CANNOT BE CONSIDERED]** |
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| Passenger Insurance Submitted?(Mark with X) | YES | NO |

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| EXISTING PERMIT DETAIL | PART E | EXISTING PERMIT DETAIL |
| No | Permit and Issue Number | Vehicle Registration Number | No. | Permit and Issue Number | Vehicle Registration Number |
| 1 |  |  | 6 |  |  |
| 2 |  |  | 7 |  |  |
| 3 |  |  | 8 |  |  |
| 4 |  |  | 9 |  |  |
| 5 |  |  | 10 |  |  |

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| **DECLARATION BY APPLICANT / REPRESENTATIVE** |
| I, declare that the particulars furnished on this form are true and correct: |
| Signature |  | Place |  |
| Date | Day Month Year |