



Application for Individual/Joint Holders of a Permanent Taxi Licence or Lease Holders as at 12 April 2016.

1. Licence / Lease Details

TAXI LICENCE NUMBER

DATE ISSUED

2. Licence / Lease Holder Details

OWNER / LESSEE FULL NAME / COMPANY NAME

ACCREDITATION No.

ABN FOR BODY CORPORATE CLIENTS ONLY

PHONE No.

POSTAL ADDRESS

EMAIL

DATE OF BIRTH

3. Joint Client Details (Please attach another page for additional client details)

FULL NAME / COMPANY NAME

ACCREDITATION No.

DATE OF BIRTH

FULL NAME / COMPANY NAME

ACCREDITATION No.

DATE OF BIRTH

FULL NAME / COMPANY NAME

ACCREDITATION No.

DATE OF BIRTH

FULL NAME / COMPANY NAME

ACCREDITATION No.

DATE OF BIRTH

4. Authorised Agent

Joint and Body Corporate clients must nominate one representative to act on behalf of the client who may be a member of the joint client. Evidence of identity must be supplied by the nominated person.

FULL NAME / COMPANY NAME

CONTACT No.

EMAIL

DATE OF BIRTH

5. Supporting Documents

All documents must be certified as a true copy of the original document by an Australian Legal Practitioner (solicitor or barrister) or a Justice of the Peace (must show registered number).

PLEASE COMPLETE ONE FORM PER TAXI PLATE.

You must provide certified copies of the following documents:

- Proof of ownership of eligible taxi licence/s or leases
- Evidence of identity documents for all owners / lessees, including one primary document.

For more information on Evidence of Identity requirements, go to www.sa.gov.au/driverslicences

Acknowledgement and Declaration

- I/We consent to the use of my/our personal information provided on this application or otherwise held by the Department of Planning, Transport and Infrastructure for the purpose of administering the *Passenger Transport Act 1994*.
- I/We declare that I was/we were the owner/lessee of the taxi plate nominated on this form and hereby certify that this application is to the best of my knowledge true and correct. I/we understand that this information is to be used for the purpose of administration of the *Passenger Transport Act 1994* and if it is false or misleading I/we may be guilty of an offence and I/we may be liable to repay the Industry Assistance Package payment.
- I/We will provide any further information or documentation as requested by the Department of Planning, Transport and Infrastructure to assist in the assessment of my application for industry assistance and am/are aware that this information is to be used for the administration of the *Passenger Transport Act 1994*.
- I/We understand that my/our application cannot be processed unless I/we provide this information.
- I/We have attached to this application:
 - evidence of ownership of the eligible taxi licence/s and leases; and
 - evidence of the identity of each licence owner, lessee or authorised agent listed on the application.
- I/We authorise the Department of Planning, Transport and Infrastructure to address all correspondence relating to this application to the authorised agent listed in Section 4 overleaf.
- I/We acknowledge that only one lump sum payment will be made to the nominated account listed below – split payments will not be provided.
- I/We acknowledge that the Department of Planning, Transport and Infrastructure may place further information regarding the Industry Assistance Package on www.dpti.sa.gov.au/TaxiHireCarReview.

Nominated Bank Account Details as agreed by all parties signed below.

ACCOUNT HOLDER'S FULL NAME / COMPANY NAME	
BSB	ACCOUNT No.
FINANCIAL INSTITUTION	
SIGNATURE	DATE / /

I/We agree to the above declaration and nominated bank account details. All owners / lessees must sign below.

FULL NAME / COMPANY NAME	SIGNATURE	DATE / /
FULL NAME / COMPANY NAME	SIGNATURE	DATE / /
FULL NAME / COMPANY NAME	SIGNATURE	DATE / /
FULL NAME / COMPANY NAME	SIGNATURE	DATE / /