

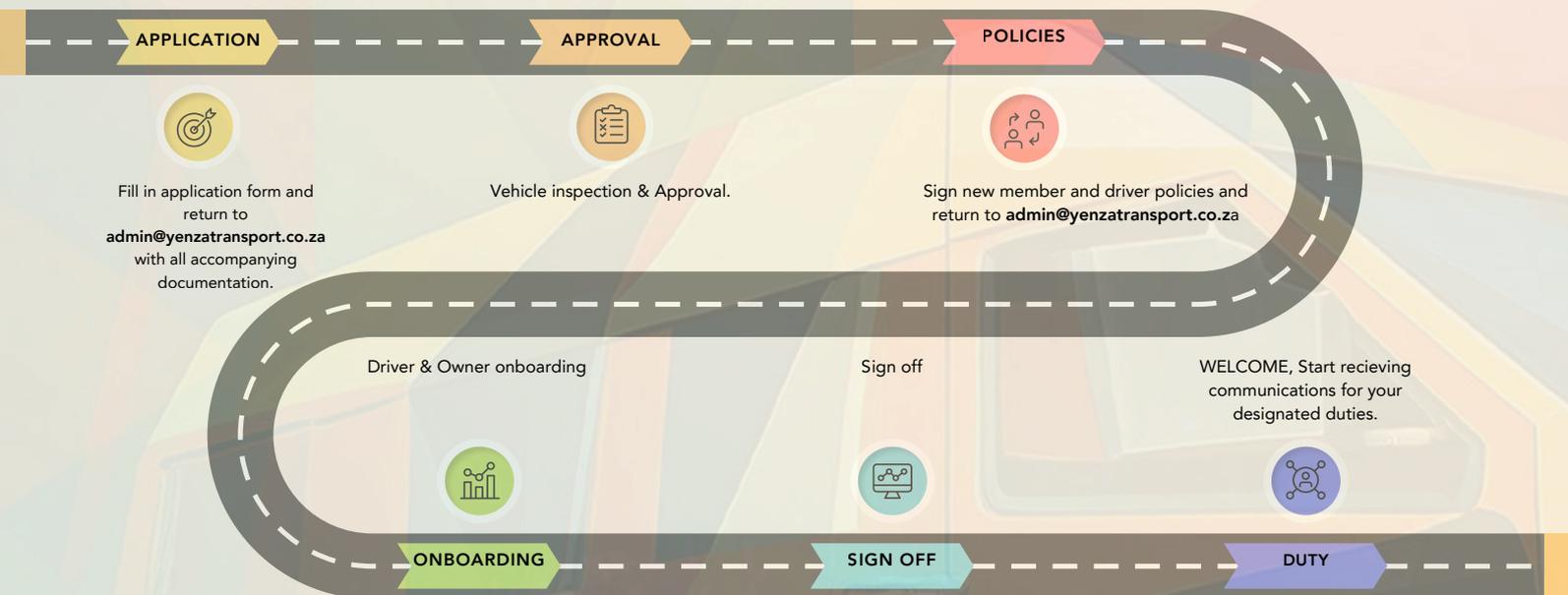
WELCOME,

Thank you for your interest in joining YENZA. We are committed to building a reliable, professional, and well-managed transport network that delivers exceptional service to our clients and meaningful opportunities to our members.

This application is the first step toward becoming part of a structured and forward-thinking transport ecosystem. We look forward to working with partners who share our values of accountability, safety, and service excellence.



BECOMING A SERVICE PROVIDER




VJ YENDE

Service Provider Application

Before completing and signing this form, all prospective members are required to read and fully understand YENZA's Membership Policy and Driver Policy, available on our website. These policies are fundamental to our operations and enable us to deliver safe, professional, and well-managed transport solutions to all clients engaging with YENZA Transport & Advisory.

All members are expected to comply fully with these policies. Any deviations may result in the suspension or revocation of membership, including permanent bans where necessary. When selecting the duties for which you would like to register your fleet (maximum of three), please ensure that you clearly understand what each duty entails – including working hours, service expectations, and any required documentation.

Should you have any questions or require clarification, please contact us at info@yenzatransport.co.za. Our team is readily available to assist you.

DOCUMENT CHECKLIST

Please ensure that all accompanying documents are emailed to us when completing your application:

- Proof of membership with an affiliated Taxi association (see list below)**
- Valid operating permit for each vehicle being registered**
- Proof of registered business with the Companies and Intellectual Property Commission (CIPC), reflecting the vehicle or fleet owner as a director**

Service Provider Application

Vehicle Owner Personal Information

Full Name:

Address:

Email: Phone:

ID Number:

Association Information

Taxi Association:

Region: Years of membership:

Member identification number:

Vehicle Information

Year model	Make	Number of seats
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Driver Information

Name	Surname	ID Number	License Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Preferred Duties (Choose 3 MAX)

Tourism (GAMEDAY) <input type="checkbox"/>	CORRIDOR Learner Shuttles <input type="checkbox"/>	Shuttle Services <input type="checkbox"/>
Park & Ride Services <input type="checkbox"/>	LOOP Afterhour shuttles <input type="checkbox"/>	

Declaration:

By submitting this application, I confirm that the information provided is accurate, and I understand that any false statements may disqualify me from registering as a transport service provider with YENZA Transport & Advisory

Signature

Date

Email form back to: admin@yenzatransport.co.za