



FURNITURE BARGAINING COUNCIL

Room 1101 ♦ 11th Floor ♦ Arcadia Centre ♦ 376 Steve Biko Street ♦ Arcadia ♦ Pretoria
Correspondence to be addressed to: THE REGIONAL MANAGER ♦ Post Office Box 57086 ♦ Arcadia ♦ 0007
Telephone (012) 323-2700 ♦ Facsimile 086-593-4735 ♦ e-mail exemption@furnbed.co.za ♦ Website www.furnbed.co.za

COLLECTIVE AGREEMENT EXEMPTION - APPLICATION FORM

N.B. Every question on this application form and the establishment's and/or the establishment's employees response thereto will have a bearing on the final decision made. If all relevant questions posed on this form are not answered or inadequately addressed, this application for exemption shall be deemed to be incomplete and therefore cannot be considered or will lead to time delays in considering this application.

The need to provide proof of consultation with employees and/or their representative Trade Union/s, on the need for this exemption is absolutely essential, as exempted conditions of employment are, as a general rule, less favourable than the conditions of employment as prescribed in the Industry's Collective Agreements. It stands to reason that the Council could be accused of an unfair labour practice, should an exemption be granted to an establishment, which is not supported by the employees affected by such an exemption.

The applicant/s must fully motivate and, wherever necessary, provide proper and complete documentary proof justifying the need to operate under exempted conditions.

1. ESTABLISHMENT'S DETAILS

Bargaining Council Registration No. _____

Establishment's Registered Name _____

Establishment's Trading Name _____

Establishment's Street Address _____

Postal Code _____

Establishment's Postal Address _____

Postal Code _____

Establishment's Telephone Number Area Code _____ Number _____

Establishment's Fax Number Area Code _____ Number _____

Establishment's Email Address/es _____

Establishment's Primary/Main Manufacturing Activity _____

Establishment's Commencement Date of Business ____/____/____

Establishment's Date of Registration with the Council ____/____/____

Is the establishment a member of The Furniture, Bedding and Upholstery Manufacturers Association (FBUMA)?

Yes	No
-----	----

2. EMPLOYEES DETAILS

Total number of employees employed by the Establishment _____

Total number of employees liable for registration with this Council _____

Total number of employees affected by this application for exemption _____

Name/s of Trade Union/s representing employees 1) _____

2) _____

** For the purpose of this application for exemption:

a) Have all the employees affected by this application been consulted?

Yes	No
-----	----

b) Have all the relevant Trade Unions been consulted about this application?

Yes	No	Not applicable
-----	----	----------------

** Do all the employees who are affected by this application, support it?

Yes	No
-----	----

** Do the employees' representative Trade Unions support this application?

Yes	No	Not applicable
-----	----	----------------

Would the exemption, if granted, affect all employees?

Yes	No
-----	----

** Has a similar type of exemption ever been granted before?

Yes	No
-----	----

If yes, when? _____ / _____ / _____

** **(Documentary Proof to be submitted)**

Complete points 3, 4 and/or 5 and/or 6, whichever is relevant to this application for exemption.

3. MOTIVATION AND REASONS FOR APPLYING FOR THIS EXEMPTION – PRESCRIBED COUNCIL LEVIES AND/OR PRESCRIBED COUNCIL FEES AND CONTRIBUTION MATTERS

NOTE: This Section **must only be completed** by the applicant/s if an exemption is been requested in respect of any **prescribed Council levies, fees and/or prescribed contributions** which were or will be payable to this Bargaining Council. All relevant **supporting documentation** (if any) pertaining to the situation that has led to this Application for Exemption must be attached to this form. **Audited financial statements, Auditor's reports, etc.**

a) Establishment/Employer Exemption

If this application for exemption is for the payment of the establishment/employers' share of prescribed Council levies, fees and/or contributions, you are required to indicate which prescribed Council levies, fees and contributions and what your establishment is prepared to pay for these prescribe Council levies, fees and contributions.

We are applying for an exemption from: _____

Proposed payment of the above: _____% Proposed Fixed Rate Amount of the above: R _____

Period of Exemption From (date) _____ / _____ / _____ to _____ / _____ / _____

b) Employee Exemption

If this application for exemption is for the payment of the employees' share of prescribed Council levies, fees and/or contributions, you are required to indicate which levies, fees and contributions and the period/s for which your establishment's employees seek this exemption.

We as employees of this establishment are applying for an exemption from: _____

Proposed payment of the above: _____% Proposed Fixed Rate Amount of above: R _____

Period of Exemption From (date) _____ / _____ / _____ to _____ / _____ / _____

6. CERTIFICATION

It is certified by the applicant/s that the details as reflected in this document or any supporting documentation has been provided to the Council by the applicant/s or persons so designated by the applicant/s. The applicant/s hereby certify that all information as provided, is true and correct as at the date of this application. The applicant/s understand that all information contained on this application form and all supporting documentation is subject to checking and verification, if so required by the Council. Any information found to have been incorrectly or falsely presented on this application form may result in the council's rejection of this application or in unnecessary delays in the processing of this application.

PRINT FULL NAME _____

Applicant/s Representative

DESIGNATION _____

Applicant/s Representative

SIGNED _____

Applicant/s Representative

DATE _____ / _____ / _____**7. EMPLOYEE/S CONFIRMATION**

I/We, the undersigned employee/s, do hereby confirm that:

- a) I/We have been consulted by our employer as to the need to submit this application for exemption to the Council.
- b) All discussions and decisions relating to this application for exemption, involved our relevant Trade Union/s.
- c) I/We, the employees affected by this application for exemption, support this application for exemption.

Yes	No	
Yes	No	Not applicable
Yes	No	

Employee Representative's First Name/s and Surname _____
(Not Union Official)

Employee Representative's Signature _____**Date** _____ / _____ / _____

(DD / MM / YYYY)

Name/s and Signature/s of all employees that were consulted about this application for exemption, together with these employee's indication of their support or rejection of this Application for Exemption.

	Employee's First Name/s and Surname	Employee's Signature	Date (DD/MM/YYYY)	I Support this Application For Exemption. Answer Yes or No
1.			/ /	
2.			/ /	
3.			/ /	
4.			/ /	
5.			/ /	
6.			/ /	
7.			/ /	
8.			/ /	
9.			/ /	
10.			/ /	
11.			/ /	

12.			/ /	
-----	--	--	-----	--

13.			/ /	
14.			/ /	
15.			/ /	
16.			/ /	
17.			/ /	
18.			/ /	
19.			/ /	
20.			/ /	
21.			/ /	
22.			/ /	
23.			/ /	
24.			/ /	
25.			/ /	
26.			/ /	
27.			/ /	
28.			/ /	
29.			/ /	
30.			/ /	
31.			/ /	
32.			/ /	
33.			/ /	
34.			/ /	
35.			/ /	
36.			/ /	
37.			/ /	
38.			/ /	
39.			/ /	
40.			/ /	
41.			/ /	
42.			/ /	
43.			/ /	
44.			/ /	
45.			/ /	
46.			/ /	
47.			/ /	
48.			/ /	
49.			/ /	
50.			/ /	

(Attach an additional schedule with the same information, if insufficient)

8. TRADE UNION/S CONFIRMATION

We, the undersigned Trade Union representative/s do hereby confirm that:

- a) We as the employees' representative Trade Union/s support this application.
- b) Our members, affected by this application, support the application.

Yes	No	Not applicable
Yes	No	Not applicable

NB: If the answers to any one of the statements in (a) or (b) above is “**NO**”, then written submissions from the Trade Union/s, who do not support this application, stating reasons for their objection **must** be attached as Annexures to this application for exemption.

a) Trade Union's Name _____

Trade Union Official's First Name/s and Surname _____
(Not an employee or Shop Steward)

Trade Union Official's Signature _____ Date ____/____/____
(Not an employee or Shop Steward)

b) Trade Union's Name _____

Trade Union Official's First Name/s and Surname _____
(Not an employee or Shop Steward)

Trade Union Official's Signature _____ Date ____/____/____
(Not an employee or Shop Steward)

c) Trade Union's Name _____

Trade Union Official's First Name/s and Surname _____
(Not an employee or Shop Steward)

Trade Union Official's Signature _____ Date ____/____/____
(Not an employee or Shop Steward)

NB: No Employee or Trade Union Shop Steward may sign as a Trade Union Official. Only Officials who are employed by the Trade Union/s may complete Section 8 of this Application for Exemption.