



FURNITURE BARGAINING COUNCIL

Suite 13 ♦ Reitz Park ♦ 80 President Reitz Avenue ♦ Westdene ♦ Bloemfontein ♦ 9301
Correspondence to be addressed to: THE PROVINCIAL MANAGER ♦ Post Office Box 3914 ♦ Bloemfontein ♦ 9300
Telephone (051) 447-1807 ♦ Facsimile (051) 447-2554 ♦ e-mail freestate@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. Partially completed application forms will be at your establishment's own risk and any shortfall in information may detrimentally work against your application, since the Council is obliged to process applications within 30 days of receipt.

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 _____

Contact Person _____

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) _____

3) _____

3. EXEMPTION DETAILS

** 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? _____ / _____ / _____

** Other exemptions previously granted before?

Yes	No
-----	----

** Type of Exemption and Period for which Exemption is applied for:

If the exemption is for Provident / Pension Fund proof of establishment's membership at another fund with the following details:

- Benefits of the alternative provident / pension.
- Rules of the alternative provident / pension.
- Confirmation of active participation and payment of fees of all employees for which exemption is requested.
- Comparison provided by the Funds Administrator of the FBC between the alternative provident/pension and that of the FBC.

Letter of Good Standing of the establishment with the alternative fund.

If the exemption is for DFS proof of establishment's membership and cover with another fund with the following details:

- Benefits of the alternative DFS fund.
- Cover of the alternative DFS fund.
- Confirmation of active participation and payment of fees of all employees for which exemption is requested.
- Comparison provided by the Funds Administrator of the FBC between the alternative DFS cover and the cover provided under DFS by the FBC.
- Letter of Good Standing of the establishment with the alternative fund.

In the event where exemption is sought for the payment of Leave Pay and Holiday Bonus Fund contributions the following is required:

Where the exemption is retrospective in nature the Agents Report must include an Inspection Report to the Establishment to confirm and verify the following:

- a. Proof that the establishment has paid the employees their Leave Pay and Holiday Bonus Fund payments direct. Pay slips and electronic fund transfers or acknowledgement of receipt of payment by employees to be provided.
- b. Verification of the accuracy and correctness of the calculation of Leave Pay and Holiday Bonus Fund payments made for each employee based on the calculations per the Main Collective Agreement and identify any shortfall in payment. No exemption will be granted if any identified shortfall has not been paid to the employees.
- c. Confirmation from the employees of the above by signature on the exemption application form.
- d. Reason provided by establishment for paying the employees direct if they are not a guaranteed establishment.

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

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

4. 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. **Latest audited financial statements for the period applied for, Auditor's reports, etc. If financial statements are older than 6 months, it must be accompanied by recent management accounts.**

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 percentage amount 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 empFloyees 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 the above: R_____

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

5. MOTIVATION AND REASON/S FOR APPLYING FOR THIS EXEMPTION – WAGE AND REMUNERATION MATTERS

NOTE: This section **must only be completed** by the applicant/s if an exemption is been requested in respect of **wage and remuneration related matters**. Relevant supporting documentation (if any) pertaining to the situation that has led to this application for exemption must be attached to this form. Documentation such as audited financial statements, where deemed necessary, must be attached to this form.

Relevant supporting documentation (if any) pertaining to the situation that has led to this application for exemption must be attached to this form.

Financial Statements attached for the period exemption is applied for

Yes	No
-----	----

1. Any special circumstances that exist

2. Any precedent that might be set

3. How does this exemption application impact the interest of the industry in regard to the following:
Please give a detailed explanation

3.1 Unfair competition

3.2 Collective bargaining

3.3 Potential for Labour unrest

3.4 Increased employment/
Preservation of employment

3.5 Unfair competition

3.6 Unfair competition

4. How does this exemption application impact the interest of the employees in regard to the following:
Please give a detailed explanation

4.1 Exploitation

4.2 Job preservation

4.3 Sound conditions of employment

4.4 Possible benefits

4.5 Health and safety

4.6 Infringement of basic rights

--

5. How does this exemption application impact the interest of the employer in regard to the following:
Please give a detailed explanation

5.1 Financial stability

--

5.2 Impact on productivity

--

5.3 Operational requirements

--

5.4 Health and safety

--

5.5 Infringement of basic rights

--

Other relief sought?

Yes	No
-----	----

Give a detailed explanation

IN THE EXEMPTION APPLICATION

between

 (Establishment's Registered Name) **Applicant**

and

THE FURNITURE BARGAINING COUNCIL **Respondent**

AFFIDAVIT

I, the undersigned _____, do hereby make oath
 and state as follows:

1. I am an adult _____, the Applicant's _____
 and am duly authorised to depose to this Affidavit and my main place of work is:

2. The facts contained in this affidavit are within my personal knowledge and are true and correct.

3. The Applicant is: _____

SIGNATURE: _____

DATE: _____

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 _____ **DATE** ____/____/____
Applicant/s Representative

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.