



## FURNITURE BARGAINING COUNCIL

North Block ♦ 39 Empire Road ♦ Parktown Ext ♦ Johannesburg  
Correspondence to be addressed to: THE GENERAL SECRETARY ♦ Post Office Box 32789 ♦ Braamfontein ♦ 2017  
Telephone (011) 242-9200 ♦ e-mail council@furnbed.co.za ♦ Website www.furnbed.co.za

### **APPLICATION FOR A NEWLY ESTABLISHED, SMALL EMPLOYER CONCESSION**

All information which is required on this application form must be completed in full and all relevant questions posed must be answered and adequately addressed by the applicant. Should the applicant fail to fully complete this application form or to adequately address the questions posed on this application form, the Council may deem the application for this concession to be incomplete and therefore cannot be considered.

#### **ESTABLISHMENT'S DETAILS**

Bargaining Council Registration No. \_\_\_\_\_

Establishments Name \_\_\_\_\_

Establishments Trading Name \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number Area Code \_\_\_\_\_ Number \_\_\_\_\_

Fax Number Area Code \_\_\_\_\_ Number \_\_\_\_\_

Main Manufacturing Activity \_\_\_\_\_

Commencement Date of Business \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Registration with Council \_\_\_\_/\_\_\_\_/\_\_\_\_

Is the establishment a member of an Employers' Association who is Party to the Council?

|     |    |
|-----|----|
| Yes | No |
|-----|----|

If yes, which Employers' Association \_\_\_\_\_

#### **EMPLOYEE'S DETAILS**

Number of employees employed by the Establishment \_\_\_\_\_

Number of employees liable for registration with the Council \_\_\_\_\_

Number of employees affected by this application for a concession \_\_\_\_\_

Name of Trade Union/s representing employees 1) \_\_\_\_\_

2) \_\_\_\_\_

#### **EMPLOYEE CONSULTATION**

For the purpose of this application, were:

a) All affected employees consulted?

b) The relevant Trade Union/s consulted?

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

Do the representative Trade Union/s support this application?

Would the concession, if granted, affect all employees?

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

**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 a concession to the Council.
- b) All discussions and decisions relating to this application for a concession, involved my/our Trade Union/s.
- c) I/We, the employee/s affected by this application for a newly established, Small Employer Concession support this application

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

**NB:** If the answers to any one of the statements in (a), (b) or (c) above is "No" then written submissions from the employees who do not support this application, stating reasons for their objection must be attached as Annexures to this application.

**Employee Representative's First Name/s and Surname** \_\_\_\_\_

**Employee Representative's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name/s, Identity Number/s and Signature/s of all employees that were consulted and support this application for a concession.**

| Employees' First Name/s and Surname | Identity Number | Signature |
|-------------------------------------|-----------------|-----------|
|                                     |                 |           |
|                                     |                 |           |
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**TRADE UNION/S CONFIRMATION**

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

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

|     |    |
|-----|----|
| Yes | No |
| Yes | No |

**NB:** If the answers to any one of the statements in (a) and (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.

**a) Trade Union's Name** \_\_\_\_\_

**Trade Union Representative's First Name/s and Surname** \_\_\_\_\_

**Trade Union Representative's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Trade Union Representative's First Name/s and Surname** \_\_\_\_\_

**Trade Union Representative's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**NB:** This section **must** be completed by the applicant/employer. Any additional motivation by the applicant/employer should be attached to this application form and you should also include any relevant supporting documentation pertaining to the situation that has led to this application for this concession.

[illegible]

As the undersigned applicant/s, I/we hereby declare that this establishment is a **newly established, Small Employer** and I/we are first time employers in this Industry. We are fully aware of the employer and employee obligations in respect of this concession and undertake to abide with the provisions of the concession. It is understood and accepted that the payment of minimum weekly wage rates, Council levies and all other employer and employee contributions which are payable to the Bargaining Council will be phased in, in terms of Clause 7 of Chapter 1 of the Industry's Collective Agreement.

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

**PRINT FULL NAME/S AND SURNAME**

| DESIGNATION |
|-------------|
|             |

**SIGNED** \_\_\_\_\_  
Employer / Employer Representative

DATE        /        /