



FURNITURE BARGAINING COUNCIL

Unit 2, Ground Floor ♦ Block C ♦ Hadefields Office Park ♦ 1267 Pretorius Street ♦ Hatfield ♦ Pretoria
Correspondence to be addressed to: THE REGIONAL MANAGER ♦ Post Office Box 57086 ♦ Arcadia ♦ 0007
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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
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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

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.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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 / /