



FURNITURE BARGAINING COUNCIL

Suite F4 ♦ 1st Floor ♦ Pro Equity Court ♦ 1250 Pretorius Street ♦ Hatfield ♦ Pretoria
Correspondence to be addressed to: THE REGIONAL MANAGER ♦ Post Office Box 57086 ♦ Arcadia ♦ 0007
Telephone (012) 323-2700 ♦ Facsimile (012) 323-9841 ♦ e-mail pretoria@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 Address
Telephone Number
Fax 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

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?

b) Trade Union's Name _____

Trade Union Representative's First Name/s and Surname _____

Trade Union Representative's Signature _____ Date ____ / ____ / ____

EMPLOYERS MOTIVATION AND/OR REASON/S FOR APPLYING FOR THIS CONCESSION

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.

EMPLOYER DECLARATION AND CERTIFICATION

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 ____ / ____ / ____