NATIONAL BARGAINING COUNCIL
FOR THE PRIVATE SECURITY SECTOR

Case number : _____

EXEMPTION APPLICATION

The exemption application process and guidelines are determined by section 34 of the Constitution of the NBCPSS and as contained in the Promulgated Levy Agreement section 9.

1. Name of applicant: _____

2. Address: (a) Physical: _____

_____

_____

(b) At which all documents can be served:

_____

_____

_____

3. Contact person: _____

Contact telephone nr.: _____

Email: _____

4. Activities of business: _____

5. Date of commencement of business: _____

6. Date of registration with council: _____

7. Is the business a member of a registered employers' organisation?

YES NO

(a) If yes – particulars of employers' organization: _____

-

EXEMPTION APPLICATION

Case number: _____

Name of applicant: _____

_____

AFFIDAVIT

_____

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

1. I am an adult _____, the Applicant's _____ and I am duly authorized 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: _____

4. Nature of application (refer to specific Clauses in Main Collective Agreement / Exemptions and Dispute Resolution Agreement):

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5. STATEMENT OF MATERIAL FACTS IN RESPECT OF CLAUSES REFERRED TO IN PARAGRAPH 4 (sufficient detail must be given in order to enable any party to reply to it):

(NB: You may submit fuller typed facts attached to this Application).

6. GROUNDS IN TERMS OF CLAUSE 4(8)(a) OF THE EXEMPTIONS AND DISPUTES RESOLUTION AGREEMENT [NB: You may submit fuller grounds attached to this application]:

6.1 (a) The Applicant's past record (if applicable) of compliance with the provisions of Council's Collective Agreements and Exemption Certificates:

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(b) Any special circumstances that exist:

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(c) **Any precedent that might be set:**

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(d) **How does the Exemption Application impact on the interests the Industry with regards to the following?**

(i) **Unfair competition:**

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Collective bargaining:

(ii) **Potential for labour unrest:**

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(iii) **Increased employment:**

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(e) **How does the Exemption Application impact on the interests of employees with regards to the following?**

(i) **Exploitation:**

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(ii) **Job preservation:**

(iii) **Sound conditions of employment:**

(iv) **Possible benefits:**

(v) **Health and safety:**

(vi) **Infringement of basic rights:**

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(f) **How does the Exemption Application impact on the interests of the employer with regards to the following?**

(i) **Financial stability:**

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(ii) **Impact on productivity:**

(iii) **Future relationship with employees' trade union:**

(iv) **Operational requirements:**

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7. **STATEMENTOFLEGALISSUES (if necessary and applicable, sufficient detail must be given in order to enable any Party to reply to it):**

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8. PERIOD EXEMPTION REQUIRED FOR:_____

9. (a) **Number of affected employees (please attach list of names and their respective allocated computer numbers):**

(b) **Number and description of vehicles:**

_____

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10. (a) **DETAILS OF CONSULTATIONS HELD WITH EMPLOYEES/TRADE UNION/EMPLOYEE REPRESENTATIVES. (Please attach proof and signatures):**

_____

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(b) **STATEMENT BY PROVINCIAL/REGIONAL LEADERSHIP OF THE TRADE UNION WHO'S MEMBERS ARE AFFECTED BY THE APPLICATION.**

We hereby declare that the trade union members/representatives were properly Consulted and that our members' views are reflected in the attached document.

Signature(s) (1) _____

(2) _____

(3) _____

Date: _____

-

11. RELIEF REQUIRED:

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12. PROOF OF AUDITED FINANCIAL STATEMENTS (including last submission to SARS if reliance is place on financial constraints):

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13. SCHEDULED LIST OF DOCUMENTS THAT ARE MATERIAL AND RELEVANT TO THE APPLICATION (these documents are to accompany the Application and if more space is required, attach annexures to this Application, utilizing this space to inform of such annexures which must be properly numbered):

_____

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14. PROOF OF SERVICE ON ALL INTERESTED PARTIES (attach and number all relevant documents):

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15. HAS THIS MATTER BEEN THE SUBJECT OF ANY OTHER EXEMPTION APPLICATION / HEARING IN THIS FORUM OR ELSEWHERE? IF YES, PROVIDE DETAILS AND REFERENCE (indicate expiry date, if any, of previous exemption licence(s)):

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16. ANY OTHER RELEVANT INFORMATION:

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DEPONENT

Dated at _____ **this day** _____ **20**_____ **.**

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CERTIFICATE BY COMMISSIONER OF OATHS:

1. **I certify that before administering the oath/affirmation I asked the deponent the following questions and wrote down his/her answers in his/her presence:**

   a) **Do you know and understand the contents of this declaration? Yes / No**

   b) **Do you have any objection to taking the prescribed oath? Yes / No**

   c) **Do you consider the prescribed affirmation to be binding on your conscience? Yes /No**

2. **I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and the deponent's signature/thumb print/mark was placed thereon in my presence.**

Full Name: _____

COMMISSIONER OF OATHS: _____

SIGNATURE

Business Address: _____

_____

_____

_____

Designation: _____

Place: _____ **Date:** _____

NB: **ANY PARTY WISHING TO PROVIDE ADDITIONAL INFORMATION REGARDING THIS APPLICATION MAY DO SO BY SUBMITTING THE INFORMATION TO: Christiaan Oelofse - ceo@nbcpss.org.za THAT WILL FORWARD RELEVANT INFORMATION TO THE COMMITTEE.**

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NBCPSS ENFORCEMENT OFFICE

COMMENTS ON EXEMPTION APPLICATION:

-

SIGNED: _____

DESIGNATION: _____

DATE: _____