



**EXEMPTION APPLICATION CHECKLIST**

	YES	NO
<p><b><u>In circumstances where any of the grounds listed in the exemption application are provided. The following supporting documents should be attached. Failure to attach supporting documents may result in a delay in the application being processes.</u></b></p>		
<p><b>1. <u>Financial Reasons:</u></b></p>		
<p><u>Should a party apply for exemption for financial reasons please attach the following:</u></p>		
1.1. Audited financial statement.	<input type="checkbox"/>	<input type="checkbox"/>
1.2. Bank Statement – (statement of cash flow/income to be attached)	<input type="checkbox"/>	<input type="checkbox"/>
1.3. SARS Certificate of compliance and good standing.	<input type="checkbox"/>	<input type="checkbox"/>
1.4. Turnaround plan on how the company intends to change the financial situation.	<input type="checkbox"/>	<input type="checkbox"/>
1.5. Contract with client (including information on duration of the contract).	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>2. <u>Medical Exemptions:</u></b></p>		
<p><u>Should a party apply for exemption for medical reasons please attach the following:</u></p>		
2.1. Proof of cover with other medical insurance provider.	<input type="checkbox"/>	<input type="checkbox"/>
2.2. Contract with medical insurance provider.	<input type="checkbox"/>	<input type="checkbox"/>
2.3. Proof of covered employees and benefits policy.	<input type="checkbox"/>	<input type="checkbox"/>
2.4. Benefits comparison between service provider and NBCPSS service provider.	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Note that point 2.3 and 2.4 apply only to medical insurance parties with medical insurance and must provide proof of cover and copy of medical aid card.</i></p>		
<p><b>3. <u>Stakeholder Engagements:</u></b></p>		
3.1 Proof of consultation with registered trade unions.	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Proof of consultation with the employees where no trade unions.	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Minutes of the meeting with the trade union/employees and/or other stakeholders.	<input type="checkbox"/>	<input type="checkbox"/>
3.4 Confirmation from union of consultations.	<input type="checkbox"/>	<input type="checkbox"/>

**4. Nature and size of enterprise:**

**4.1** Detailed report of all employees, including designation and rank for the exemption application.

**4.2** Detailed report of the employment history including commencement date of employment and years of service.

**5. Past records of compliance:**

**5.1** Where an applicant is making an application for renewal please provide the following documents.

**5.1.1.** Previous application for exemption.

**5.1.2.** Previous outcome of exemption and/or certificate of exemption.

**6. Any other relevant information:**

**6.1** Any agreements concluded between the parties.

**6.2** Any other information that the applicant may deem relevant.

**PLEASE NOTE THAT COMPLIANCE WITH THIS FORM DOES NOT AUTOGUARANTEE THAT YOUR APPLICATION IS SUCCESSFUL, THE PANEL WILL HAVE TO CONSIDER THE APPLICATION AS A WHOLE.**



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: \_\_\_\_\_

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**EXEMPTION APPLICATION**

Case number: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

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**AFFIDAVIT**

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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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**(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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**(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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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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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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**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: \_\_\_\_\_



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**SIGNED:** \_\_\_\_\_

**DESIGNATION:** \_\_\_\_\_

**DATE:** \_\_\_\_\_