

LEVY NO.: \_\_\_\_\_

**EXEMPTION APPLICATION**

1. NAME OF APPLICANT: \_\_\_\_\_

(a) If Labour Broker: \_\_\_\_\_

2. ADDRESS: (a) Physical: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) At which all documents can be served:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. CONTACT PERSON: \_\_\_\_\_

CONTACT TELEPHONE NO.: \_\_\_\_\_

CONTACT FAX NO.: \_\_\_\_\_

CONTACT E-MAIL ADDRESS : \_\_\_\_\_

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

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

**EXEMPTION APPLICATION**

Levy Number: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

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**AFFIDAVIT**

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I, the undersigned \_\_\_\_\_ do hereby make oath and state as follows:

1. I am an adult \_\_\_\_\_, the Applicant's \_\_\_\_\_ and 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):

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



**5. STATEMENT OF MATERIAL FACTS IN RESPECT OF CLAUSE/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).**

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

**6. GROUNDS IN TERMS OF CLAUSE 74(9) OF THE MAIN COLLECTIVE AGREEMENT [NB: You may submit fuller typed 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:**

[illegible]

**(b) Any special circumstances that exist:**

[illegible]

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

[illegible]

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

**(i) Unfair competition:**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

**(ii) collective bargaining:**

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 or other markings on the paper.

**(iii) potential for labour unrest:**

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**(iv) 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:**

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

[illegible]

**(iv) possible benefits:**

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**(v) health and safety:**

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

[illegible]

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

**(i) financial stability:**

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, providing a template for writing or drawing. There are no margins, text, or other markings on the paper.

**(ii) impact on productivity:**

[illegible]

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

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**(iv) operational requirements:**

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**7. STATEMENT OF LEGAL ISSUES (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 (If the audited annual financial statements are not available, the applicant is required to submit unaudited annual financial statements together with a completed financial accountability supplementary questionnaire confirming that the information provided is true, complete, and accurate.**

**If the audited or unaudited annual financial statements are not available at the time of making an exemption application, the applicant is required to provide financial information such as bank statements, statement of income and expenditure and accounting ledgers together with a completed financial accountability supplementary questionnaire confirming that the information provided is true, complete, and accurate.**

**If the exemption application relates to affordability, the applicant must submit the last financial audited statements and the latest management accounts.)**

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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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DEPONENT

Dated at \_\_\_\_\_ this day \_\_\_\_\_  
20\_\_\_\_.

**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: Tracy Khumalo – Tel (011) 703 7024, [tracy.khumalo@nbcrfi.co.za](mailto:tracy.khumalo@nbcrfi.co.za).**

#### **PROTECTION OF PERSONAL INFORMATION ACT 4 OF 2013:**

#### **DECLARATION AND INFORMED CONSENT.**

By submitting your application for exemption, you give Council permission to process your personal information and you acknowledge that you understand the purpose for which it is required and for which it will be used.

#### **SECURITY AND SAFEGUARDS OF PERSONAL INFORMATION**

Personal information collected and processed for purposes of exemption application will be protected from unauthorised access and improper use or disclosure.

#### **SHARING OF YOUR PERSONAL INFORMATION :**

Council may share your personal information in order to provide our services to you, we may share your personal information with our service providers or any person who conducts business with NBCRFLI, in the ordinary course of business. Before transferring Personal Information to a Third-Party contractor, such as an authorised service provider, NBCRFLI will obtain assurances from the Third-Party that it will Process Personal Information in a manner consistent with POPIA. Where NBCRFLI learns that a Third-Party contractor is using or disclosing Personal Information in a manner contrary to POPIA, NBCRFLI will take reasonable steps to prevent such use or disclosure.