

NATIONAL TEXTILE BARGAINING COUNCIL

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ALL APPLICATIONS FOR EXEMPTION MUST BE MADE IN WRITING TO THE SECRETARY OF THE BARGAINING COUNCIL. IN TERMS OF CLAUSE 40.

FORM EA

CASE 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: _____

4. ACTIVITIES OF BUSINESS: _____

5. DATE OF COMMENCEMENT OF BUSINESS: _____

6. DATE OF REGISTRATION WITH COUNCIL: _____

7. IS THE BUSINESS A MEMBER OF AN EMPLOYERS' ORGANISATION?

YES

NO

(a) If yes – which one? _____

Case Number: _____

IN THE EXEMPTION APPLICATION

Between

_____ **Applicant**

And

NATIONAL TEXTILE BARGAINING COUNCIL

(the Council)

Respondent

AFFIDAVIT

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: _____

SIGNATURE: _____

DATE: _____

(c) Any precedent that might be set:

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

(i) unfair competition:

8. **PERIOD EXEMPTION SOUGHT FOR:** _____

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

10. (a) **DETAILS OF CONSULTATIONS HELD WITH EMPLOYEES/TRADE UNION/ EMPLOYER REPRESENTATIONS. (Attach proof of meeting minutes and signatures):**

(b) **STATEMENT BY PROVINCIAL/REGIONAL LEADERSHIP OF THE TRADE UNION WHOSE 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 SOUGHT:

12. PROOF OF FINANCIALS (including last submission to SARS if reliance is placed on financial constraints):

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, which must be properly numbered):

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 OPPOSE THIS APPLICATION MAY DO SO IN WRITING AND ON AFFIDAVIT SETTING THE GROUNDS FOR OBJECTION.

