

FROM: .....  
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TO: The Secretary  
Bargaining Council for the Furniture Manufacturing Industry of the Western Cape  
7 Maritz Street  
Bellville  
7530  
Email: secretary@furniture.org.za

AND TO: The Secretary  
NUFAWSA  
9 Maritz Street  
Bellville  
7530  
Email: thesecretary@nufawsa.org.za

AND TO: The Secretary  
CFMA  
Unit 9 St. Andrews House  
Midpark Village 2 Green Close  
Parow 7500  
Email: cfma@telkomsa.net

### APPLICATION FOR EXEMPTION

Dear Sir

1) Having familiarised ourselves with the contents of the Main Collective Agreement promulgated in Government Gazette number 44257 dated 12 March 2021 the contents of which was extended by Government Gazette to all furniture manufacturing firms in the Western Cape, we hereby apply to be exempted from the following provision/s: -

		Tick the appropriate box/es
•	Main Collective Agreement Clause 41 EXPENSES OF THE COUNCIL	<input type="checkbox"/>
•	Main Collective Agreement Clause 16 HOURS OF WORK	<input type="checkbox"/>
•	Main Collective Agreement Clause 19 PAYMENT OF REMUNERATION	<input type="checkbox"/>
•	Main Collective Agreement Clause 18 FORENOON AND AFTERNOON INTERVALS	<input type="checkbox"/>
•	Main Collective Agreement Clause 24 NIGHT SHIFT WORK	<input type="checkbox"/>
•	Main Collective Agreement Clause 42 HOLIDAYS AND HOLIDAY AND BONUS FUND	<input type="checkbox"/>
•	Main Collective Agreement Clause 44 TRADE UNION CONTRIBUTIONS	<input type="checkbox"/>
•	Main Collective Agreement Clause 45 LEVIES PAYABLE BY EMPLOYERS WHO ARE MEMBERS OF THE EMPLOYERS' ASSOCIATION	<input type="checkbox"/>
•	Main Collective Agreement Clause 46 PROVIDENT FUND CONTRIBUTIONS	<input type="checkbox"/>
OTHER		
•	Main Collective Agreement Clause .....	<input type="checkbox"/>
•	Main Collective Agreement Clause .....	<input type="checkbox"/>
•	Main Collective Agreement Clause .....	<input type="checkbox"/>

2) (a) Give a brief summary of the reason/s for and/or the purpose of this application .....

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(b) The period for which exemption is sought is .....

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Tick the appropriate box

(c) Have you consulted with all affected staff YES      NO

    

If yes, please attach minutes of the meeting/s and/or an attendance record signed by those in attendance. Also include details of other staff support of this application for exemption e.g. letters of support by individuals or staff representatives (shop steward/s).

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YES      NO

(d) Have you consulted with the Trade Union and/or Employer Organization      

If yes, what were the names of the respective representative/s and their organisation/s?

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(e) In your opinion do you feel that your exemption application: -

YES      NO

i. Is fair to the employer, its employees and other?      

Please substantiate why. Because .....

.....

(Continues on next page)

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Tick the appropriate box

**YES**      **NO**

ii. Does not undermine the Main Collective Agreement i.e. published  
in Government Gazette number 44257 dated 12 March 2021           

Please substantiate why. Because .....

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**YES**      **NO**

iii. Will make a material difference to the viability of your business?           

Please substantiate why. Because .....

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**YES**      **NO**

iv. Will assist in overcoming economic hardship during the currency  
of this Agreement and will prevent unnecessary job losses?           

(It is pivotal where possible to attach supporting documentation) Please substantiate why and how this  
point “iv” applies to this application. Because .....

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(f) What will change in order to prevent or overcome a similar situation as the present situation where relief by way of exemption is required to remedy your present situation?

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3) The following documentation is included herewith in support of this exemption application.

- |   | Tick the<br>applicable box/es |
|---|-------------------------------|
| i. A signed and completed company details form (Annexure A)     | <input type="checkbox"/>      |
| ii. A comprehensive list of reasons and background (Annexure B) | <input type="checkbox"/>      |
| iii. Affidavit/s where deemed necessary (Annexure C)            | <input type="checkbox"/>      |
| iv. Minutes of the relevant staff meeting (Annexure D)          | <input type="checkbox"/>      |
| v. Letter of support from Trade Union .....                     |                               |
| ..... (Annexure E)  | <input type="checkbox"/>      |
| vi. Letter of support from the Employer Organization .....      |                               |
| ..... (Annexure F)  | <input type="checkbox"/>      |
| (Other)   |                               |
| vii. .... (Annexure G)  | <input type="checkbox"/>      |
| viii. .... (Annexure H)   | <input type="checkbox"/>      |
| ix. .... (Annexure I)   | <input type="checkbox"/>      |
| x. .... (Annexure J)  | <input type="checkbox"/>      |

4) IN CLOSING we confirm that we understand that compliance with the Main Collective Agreement is mandatory until such time that the Secretary of the Council has issued a licence fixing, in respect of any person granted exemption, the conditions subject to which such exemption is granted and the period during which such exemption shall operate.

5) This application was signed on (date) ..... at (place) .....

Signed by: (recommended to be signed by the natural person responsible for the business along with at least one staff representative)

..... (Name and surname) ..... (Capacity)

..... (Name and surname) ..... (Capacity)

..... (Name and surname) ..... (Capacity)

..... (Name and surname) ..... (Capacity)