NBCRFLI
National Bargaining Council for the Road Freight and Logistics Industry
Your Road Freight Partner.

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 BARGAINING COUNCIL FOR THE ROAD FREIGHT INDUSTRY
(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:** _____

4. NATURE OF APPLICATION IN TERMS OF CLAUSE 4(6)(a) OF THE DISPUTE AND EXEMPTIONS RESOLUTION AGREEMENT:

5. STATEMENT OF MATERIAL FACTS IN CHRONOLOGICAL ORDER (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(6)(a) OF THE EXEMPTIONS AND DISPUTES RESOLUTION 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:

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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 the interests of the Industry in regards to the following?

(i) unfair competition:

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(ii) collective bargaining:

(iii) potential for labour unrest:

(iv) increased employment:

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(e) How does the Exemption Application impact the interests in employees' in regards to the following?

(i) exploitation:

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(ii) job preservation:

(iii) sound conditions of employments:

(iv) possible benefits:

(v) health and safety:

(vi) infringement of basic rights:

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

(i) financial stability:

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(ii) impact of productivity:

(iii) future relationship with employees' trade union:

(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 SOUGHT FOR: _____

9. (a) Number of affected employees (please attach a 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/ EMPLOYER REPRESENTATIONS. (Attach proof of meeting minutes and signatures):

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(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:

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12. PROOF OF FINANCIALS (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 required, attached 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 BEING 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 Application):

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16. ANY OTHER RELEVANT INFORMATION:

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DEPONENT

Dated at _____ this day _____ 200___.

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 BY COMPLETING FORM EO – ENQUIRIES: P. MNDAWENI – (011) 406-9990

N.B.C.R.F.I. ENFORCEMENT OFFICE _____

COMMENTS ON EXEMPTION APPLICATION:

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SIGNED: _____

DESIGNATION: _____

DATE: _____

Registered Office 31 De Korte Street, Braamfontein, Johannesburg, 2017
Private Bag X69, Braamfontein, 2017 **Tel** 011 703 7000 **Fax** 011 403 1555/1726 **Website** www.nbcrfli.org.za
Disputes Department Fax 011 403 4379 / 011 403 2060