



HAIRDRESSING & COSMETOLOGY BARGAINING COUNCIL (KWAZULU-NATAL)

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TO THE SECRETARY OF THE BARGAINING COUNCIL:

APPLICATION FOR EXEMPTION ito CLAUSE 31

1. a) FULL NAME OF SALON: _____ REG No: _____
b) NAME OF OWNER: _____ EOHCb MEMBER? NO / YES
c) ADDRESS: (POSTAL) _____ e-mail: _____
2. NAME/S OF EMPLOYEES AFFECTED : (attach schedule if necessary) _____
3. DURATION OF EXEMPTION SOUGHT: FROM _____ TO _____
4. CLAUSE/S of the AGREEMENT FROM WHICH EXEMPTION IS SOUGHT:

5. BRIEF MOTIVATION FOR THE APPLICATION FOR EXEMPTION: _____

7. ATTACHED IS PROOF THAT THE EMPLOYER HAS ENGAGED THE EMPLOYEE/S CONCERNED WITH REGARDS TO THIS EXEMPTION: (MINUTES OF MEETING / NOTICES, etc)
8. ATTACHED IS EVIDENCE FROM THE EMPLOYER TO SUBSTANTIATE THE APPLICATION FOR EXEMPTION IN ANY WAY POSSIBLE:
9. CONDITIONS TO APPLY IF EXEMPTION IS GRANTED i.e. "the Terms of the Exemption"

10. HAS PREVIOUS APPLICATION BEEN MADE FOR THE SAME EXEMPTION: _____ YES / NO
11. IF YES, WHEN WAS IT GRANTED? _____ (INSERT DATE)
12. HAS THE PARTY TRADE UNION BEEN CONSULTED? _____ NO / YES
13. DOES THE PARTY TRADE UNION SUPPORT THE APPLICATION? _____ YES / NO
14. IF NO, PLEASE GIVE EXPLANATION: _____

15. NAME OF UNION ORGAINSER INVOLVED: _____
16. SIGNED ON BEHALF OF EMPLOYEES / UNION: _____ DATE _____
17. SIGNED ON BEHALF OF THE SALON: _____ DATE _____

FOR OFFICE USE ONLY

1. CHECKED BY AGENT : _____ PAYMENTS UP TO DATE _____ DATE: _____
2. RATIFIED BY EXEMPTION COMMITTEE ON : _____
3. ANY OTHER CONDITIONS : _____
4. CERTIFICATE OF EXEMPTION and COVERING LETTER DESPACHED : _____

Committee Members: M. Goldman (Chair) T. Scott (Vice-chair) T. Corder, J. Falconer
R. Bhugwanth, S. Nicholson, P. Khuzwayo, T. Sherwin