

Wage Exemption Application Form

NOTE:

This application must be submitted to the nearest Regional Office of this Council as set out on the last page of this document.

APPLICATION FOR EXEMPTION FROM PAYING ACTUAL / GUARANTEED WAGE INCREASES

Indicate the Sector or Chapter of the Council's Agreement in respect of which this exemption is applied for e.g. Sector 1, Sector 2 etc. If required, a separate application form must be completed for every different sector.

1. GENERAL INFORMATION			
1.1. Trading name of Employer as registered with the Council:			
1.2. Is your company a party (a member of the RMI or FRA) or a non-party (not a member of either organisation)? <i>[Mark with an X]</i>			
RMI		FRA	Non-party
1.3. Street Address:			
1.4. Postal Address:			
1.5. Email Address:			
1.6. Telephone No.:		Fax No.	
1.7. Name of the owner / director / manager of company:			
1.8. Motivation of application: <i>[If this space is inadequate, continue on a separate page]</i>			
1.9. Stipulate the category of employees and the percentages of increases previously granted as well as the date:			

1.10. What is the total number of employees in your employ?

1.11. Attach to this application a list of all employees employed by the establishment with their written acknowledgement (by signature) that they have been consulted as required in terms of the criteria in the Main Agreement (Annexure 'A', page 3).

1.12. Kindly attach to this application, a detailed audited financial statement and/or formal financial information as follows:

- (a) In the case of an establishment registered as a Proprietary Limited business:
 - (i) Audited Financial Statements for the past three (3) years
 - (ii) A projected cash flow budget as per Annexure "B"
 - (iii) The completed checklist as per Annexure "C"
 - (iv) Completed financial ratio analysis as per Annexure "D"
- (b) In the case of an establishment registered as a Close Corporation, the financial information that was signed off by the Accounting officer and the CC Members as well as the Financial Statements for the past three years; and
- (c) In the case of an establishment registered as a Sole Proprietor:
 - (i) The latest Audited Financial Statements and Cash flow Statements;
 - (ii) The Cash flow Statements for the past two years, as usually supplied to a financial institution;
 - (iii) Sworn Affidavit confirming the correctness of the financial information
 - (iv) A projected cash flow budget as per Annexure "B"
 - (v) The completed checklist as per Annexure "C"
 - (vi) Completed financial ratio analysis as per Annexure "D"

I HEREBY DECLARE THAT THE ABOVE PARTICULARS ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signed at _____ this _____ day of _____ 20 _____

Signature of Employer

ANNEXURE 'A'

I/We the undersigned hereby declare I/We was/were consulted on the Application for exemption not to be granted an increase as provided for in the Council's Main Agreement.

[illegible]

ANNEXURE 'B'

Projected income statement for the next 12 months (from the period of application i.e. 12 months from August/September.

NOTE:

THIS STATEMENT MUST INCLUDE ALL PROJECTED INCOME AND EXPENDITURE EXPECTED TO BE INCURRED IN THE NEXT YEAR, THE SALARIES AND WAGES MUST BE INCLUDED AS IF INCREASES HAVE BEEN GIVEN.

	R
Projected Sales	
Projected Cost of Sales (excluding salaries & wages)	
Projected Gross profit on trading	
Projected other income (specify)	
Expenditure (Budgeted or expected)	
Advertising	
Auditor's remuneration	
Bad debts	
Bank charges	
Cleaning and refreshments	
Commission paid	
Computer expenses	
Debt collection fees	
Depreciation	
Director's emoluments	
Discount allowed	
Donations, fines and penalties	
Insurance	
Lease rentals	
Levies	
Motor vehicle expenses	
Printing and stationery	
Repairs and maintenance	
Salaries and wages	
Security	
Staff welfare	
Subscriptions	
Telephone and postage	
Travel and entertainment	
Other (Please specify)	
1).....	
2).....	
3).....	
4).....	
5).....	
Total projected expenditure	
Operating (loss)/profit before taxation	
Taxation	
(Loss)/profit after taxation	

ANNEXURE 'C'

Entity Name Legal: _____

Entity Type: _____

Number of employees: Permanent _____ Contract _____

[Mark **N/A (Not Applicable)**, **YES** or **NO** with an X]

1.	Have the application form and Annexures been completed in full and appropriately supported with supporting documentation?	N/A	YES	NO
2.	Is the application properly motivated/letter of motivation attached?	N/A	YES	NO
3.	Have full details been provided about the previous wage increases received by employees as per section 1.9 of the application form? (at least column 1 – 5 completed in full)	N/A	YES	NO
4.	Are all employees listed on Annexure A to the Wage Exemption Application Form, and have all such employees signed the Annexure A to the application form?	N/A	YES	NO
	If not, Number of employees..... Number who signed.....			
5.	Has proof of consultation been provided?	N/A	YES	NO
6.	Has the establishment submitted ALL the financial information required by section 1.11 of the application form for the particular type of legal entity?	N/A	YES	NO
7.	Have financial statements been signed off by the accounting officer/external auditor as applicable?	N/A	YES	NO
8.	Have financial statements been signed off by the members/directors/shareholders as applicable?	N/A	YES	NO
9.	Do the financial statements contain any qualifications/disclaimers of opinion?	N/A	YES	NO
10.	Are financial statements current? (i.e. for the entity year end ending during the year of application)	N/A	YES	NO
11.	Have projections been provided for the 12 month period as from the period of application i.e. current projections? (refer to Annexure B to the application form or similar attachment)	N/A	YES	NO
12.	Has the application form been appropriately signed and dated?	N/A	YES	NO

Notes for clarification to any negative responses above:

ANNEXURE 'D'

Kindly complete the information below from the annual financial statements. All required information can be obtained from the statement of income and expenditure, the balance sheet and the cash flow statement as applicable. Ratios, which are indicated in grey, will be calculated and are for official use only.

Values should be listed in the same denomination as the annual financial statements.

Financial Year Ending				
Annual financial statements	Year 1	Year 1	Year 1	Projection included
Revenue from Sales				
Cost of sales				
Gross Profit				
GP %				
Net Income before Tax				
Net profit margin				
Increase/decrease in turn over				

Balance Sheet:

Non-current assets				
Current assets				
Capital and Reserves				
Non-current liabilities				
Current liabilities				
Net increase/decrease in cash and equivalents				
Inventory				
Current ratio				

LIST AND DETAILS OF MIBCO REGIONAL OFFICES

EASTERN CAPE REGION P.O. BOX 7270 PORT ELIZABETH 6055 TEL: (041) 393-3600 Enquiries: Mr L. Palmer Mibco.EC@mibco.org.za	KWA-ZULU NATAL REGION P.O. BOX 10230 ASHWOOD 3605 TEL: (031) 274 0644 Enquiries: Mr N. Soobramoney Mibco.KZN@mibco.org.za
FREE STATE / NORTHERN CAPE REGION P.O.BOX 910 BLOEMFONTEIN 9300 TEL: (051) 409-4000 Enquiries: Ms B. Stalenberg Mibco.FSNC@mibco.org.za	HIGHVELD REGION P.O.BOX 2578 RANDBURG 2125 TEL: (011) 369-7750 Enquiries: Ms N. Monama highveldregion@mibco.org.za
NORTHERN REGION P.O.BOX 13970 HATFIELD 0028 TEL: (012) 362-4801 Enquiries: Mr N. Sotsaka Mibco.NR@mibco.org.za	WESTERN PROVINCE REGION P.O.BOX 17 BELLVILLE 7535 TEL: (021) 941-7300 Enquiries: Mr B. Jacobs Mibco.WP@mibco.org.za

Regional Offices can also be contact on the MIBCO National Call Centre Number: 0861 664 226