



## **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.

## 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

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

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