

LRA Form 3.9  
Section 33(2)  
Labour Relations Act, 1995

**CERTIFICATE OF  
APPOINTMENT AS DESIGNATED AGENT  
OF A COUNCIL**

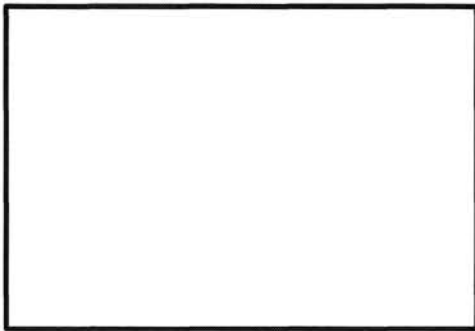
This is to certify that .....  
(Name of designated agent)

with identity number ....., has in terms of section 33(2)

of the Labour Relations Act, 1995, been appointed as a designated agent of the

.....  
.....  
(Name of Council)

with effect from .....  
(date)



(Official stamp of Council)

.....  
Signature: Secretary of Council



Name: .....

Date: .....

Department of Labour reference number: .....

<p style="text-align: center;"><b>LRA Form 3.10</b>  <b>Section 33(3) read with item 5</b>  <b>of Schedule 10</b>  <b>Labour Relations Act, 1995</b></p>	<p><b>SUBPOENA BY DESIGNATED AGENT</b></p>
<p>To: _____  <div style="text-align: center;">(name of subpoenaed person)</div>   _____  _____  <div style="text-align: center;">(address of subpoenaed person)</div> </p> <p>You are required to appear in person before _____  <div style="text-align: center;">(name of designated agent)</div>   at _____  _____  <div style="text-align: center;">(address)</div>   on _____ at _____ and any subsequent day(s) to which the  <div style="text-align: center;">(date) (time)</div>   investigation may be postponed.</p> <p>You are required to appear in person to:  (Highlight/mark appropriate block and complete)</p> <p><input type="checkbox"/> disclose information concerning _____  _____  _____  _____</p> <p><input type="checkbox"/> bring with you and produce the records or documents listed below: _____  _____  _____  _____  <div style="text-align: center;">(list record or documents)</div> </p> <p>Signature of Designated Agent of Council: _____</p> <p>Name: _____</p> <p>Date: _____</p> <p>Place: _____</p>	

<p>LRA Form 3.10A Section 33A(5) /127(6) read with 142 Labour Relations Act, 1995</p>	<p><b>SUBPOENA BY COUNCIL ARBITRATOR</b></p>
<p>To: _____ <i>(Name of subpoenaed person)</i></p> <p>_____ <i>(Organisation of subpoenaed person)</i></p> <p>_____ <i>(Address of subpoenaed person)</i></p> <p>The _____ Council has appointed an Arbitrator to attempt to resolve a dispute in terms of the Labour Relations Act, 1995 (No. 66 of 1995)</p> <p>Arbitrator _____ has been appointed. <i>(Name of Arbitrator)</i></p> <p>The dispute is between _____ and _____ <i>(Names of parties)</i></p> <p>Issue of Dispute: _____</p> <p>You are required in terms of Section 142 of the Labour Relations Act 1995 to appear before the Arbitrator at _____ _____ <i>(Address where hearing is being held)</i></p> <p>on _____ at _____ and any subsequent day(s) to which the <i>(Date of hearing)</i> <i>(Time of hearing)</i> proceedings may be postponed.</p> <p>You are subpoenaed:           for questioning in terms of Section 142(1)(a)   to produce any book, document or object in terms of Section 142(1)(b)   to give expert evidence in terms of Section 142(1)(c)</p> <p><i>(Highlight/mark appropriate block)</i></p> <p>You must bring and produce the books, documents or objects listed below: _____ _____ _____ <i>(List books, documents and objects)</i></p> <p>The party requesting the subpoena has been directed to furnish you with the first day witness fees together with the reasonable travel expenses to attend the hearing.</p> <p>Signature of Secretary/Regional Secretary of Council: _____ Date: _____</p> <p>Name: _____ Place: _____</p>	

<p>LRA Form 3.11 Section 34(2) Labour Relations Act, 1995</p>	<p><b>AMALGAMATING BARGAINING COUNCIL APPLIES FOR REGISTRATION</b></p> 
<p><b>READ THIS FIRST</b></p>  <p><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p>This form is an application by Bargaining Councils who wish to amalgamate (to join together) to apply for registration. After registration of the new Council the Registrar cancels each of the separate Bargaining Council's registration.</p> <p><b>WHO FILLS IN THIS FORM?</b></p> <p>The Secretary of the amalgamating Bargaining Councils.</p> <p><b>WHERE DOES THIS FORM GO?</b></p> <p>To the Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria, 0001. Fax 012-309 4156. Email: <a href="mailto:registrar.labourrelations@labour.gov.za">registrar.labourrelations@labour.gov.za</a></p> <p>... please turn over →</p>	<p><b>1) AMALGAMATING BARGAINING COUNCIL DETAILS</b></p> <p>Names and addresses of Bargaining Councils:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><b>2) APPLICATION</b></p> <p>We apply for the registration of an amalgamated Bargaining Council for the proposed scope: .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(sector)</p>

**OTHER INSTRUCTIONS**

Two completed copies of this form must be sent to the Registrar of Labour Relations

The Secretary of each Bargaining Council that is amalgamating must either attach its Certificate of Representativeness (issued to the council within the 12 months prior to the date of application) or fill in the table on page 3.

If you need more space to write the information, use an extra piece of paper and attach it to this form.

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.....  
.....  
.....  
.....  
.....  
.....

(Area)

**3) NAME AND ADDRESS**

The name of the Council will be:

.....  
.....

The address of the Council will be:

Postal Address: .....

.....

Physical Address: .....

.....

Tel ..... Fax .....

Date .....

... please turn over →



<p>Submit the following documents:</p> <p>Copy of the resolution to amalgamate passed by each of the Councils</p> <p>A certificate by the Secretary of each Council that the resolution complied with Council's constitution.</p>	<p><b>4) REPRESENTATIVENESS OF THE BARGAINING COUNCIL</b></p> <p>_____ Total number of employees falling within the proposed scope of the Bargaining Council and who belong to the trade unions that are party to the Council.</p> <p>_____ Total number of employers falling within the proposed scope of the Bargaining Council and who belong to the employers' organisations that are party to the Council.</p> <p>_____ Total number of employees employed within the proposed scope of the Bargaining Council by the employers who belong to the employers' organisations that are party to the Council.</p> <p>_____ Total number of employers within the proposed scope of the Bargaining Council.</p> <p>_____ Total number of employees employed within the proposed scope of the Bargaining Council.</p> <p><b>5) SIGNATORIES</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name of amalgamating Council</th> <th style="width: 40%;">Signature of Secretary</th> </tr> </thead> <tbody> <tr><td>1.....</td><td>.....</td></tr> <tr><td>2.....</td><td>.....</td></tr> <tr><td>3.....</td><td>.....</td></tr> <tr><td>4.....</td><td>.....</td></tr> <tr><td>5.....</td><td>.....</td></tr> <tr><td>6.....</td><td>.....</td></tr> <tr><td>7.....</td><td>.....</td></tr> </tbody> </table> <p>Date: .....</p>	Name of amalgamating Council	Signature of Secretary	1.....	.....	2.....	.....	3.....	.....	4.....	.....	5.....	.....	6.....	.....	7.....	.....
Name of amalgamating Council	Signature of Secretary																
1.....	.....																
2.....	.....																
3.....	.....																
4.....	.....																
5.....	.....																
6.....	.....																
7.....	.....																

... please turn over →

**DEPARTMENT OF LABOUR DETAILS**

I, ..... , duly authorised thereto in terms of Regulation 7(2), have  
(name of official)

checked the information and certify that it is substantially correct as on the date of application.


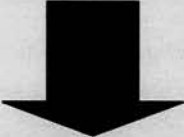
Signature: .....

Name: .....


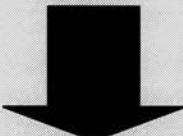
Date: .....



LRA Form 3.12

<p>LRA Form 3.12 Section 38(3) Labour Relations Act, 1995</p>	<p><b>REFERRING PUBLIC SERVICE JURISDICTIONAL DISPUTES FOR CONCILIATION</b></p>	 <p><b>CCMA</b></p>
<p><b>Read This First</b></p>  <p><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p>If there is a dispute between two or more bargaining councils in the public service, including the PSCBC, the dispute must be referred to the CCMA in terms of Section 38 of the Labour Relations Act, 1995.</p> <p><b>WHERE DOES THIS FORM GO?</b></p> <p>To the CCMA National Office: 28 Harrison Street Johannesburg Private Bag X94 Marshalltown 2107</p> <p><b>Tel:</b> (011) 377 6650 <b>Fax:</b> (011) 834 7351 <b>E-mail:</b> <a href="mailto:ho@ccma.org.za">ho@ccma.org.za</a></p> <p><b>OTHER PARTIES</b></p> <p>If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate piece of paper and attach details to this form.</p>	<p><b>1. PARTY REFERRING THE DISPUTE</b></p> <p>Name: .....</p> <p>.....</p> <p>Postal Address: .....</p> <p>.....</p> <p>Tel: ..... Fax: .....</p> <p>Cell Number: ..... Email: .....</p> <p>Contact Person: .....</p> <p>Registration Number: .....</p> <p><b>2. DETAILS OF OTHER PARTY</b></p> <p>Name: .....</p> <p>.....</p> <p>Postal Address: .....</p> <p>.....</p> <p>Tel:..... Fax:.....</p> <p>Contact Person: .....</p> <p>Cell Number: ..... Email: .....</p> <p>Registration Number:.....</p>	
<p>CCMA Case Number.....</p>	<p>Please turn over →</p>	



<p><b>LRA Form 3.13</b>  <b>Section 38(4)</b>  <b>Labour Relations Act, 1995</b></p>	<p><b>REFERRING PUBLIC SERVICE                  JURISDICTIONAL DISPUTES                  FOR ARBITRATION</b></p>	 <p><b>CCMA</b></p>
<p style="text-align: center;"><b>Read This First</b></p> <div style="text-align: center;">  </div> <p><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p>If there is a dispute between two or more bargaining councils in the public service, including the PSCBC and the dispute has been referred for conciliation and is unresolved, any party may request the CCMA to arbitrate the dispute in terms of section 38(4) of the Labour Relations Act, 1995.</p> <p><b>WHO FILLS IN THIS FORM?</b></p> <p>Any party to the dispute.</p> <p><b>WHERE DOES THIS FORM GO?</b></p> <p>To the CCMA National Office:                  28 Harrison Street                  Johannesburg                  Private Bag X94                  Marshalltown 2107</p> <p><b>Tel:</b> (011) 377 6650  <b>Fax:</b> (011) 834 7351  <b>E-mail:</b> <a href="mailto:ho@ccma.org.za">ho@ccma.org.za</a></p> <p><b>OTHER PARTIES</b></p> <p>If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate piece of paper and attach details to this form.</p>	<p><b>1. PARTY REFERRING THE DISPUTE</b></p> <p>Name: .....</p> <p>.....</p> <p>Postal Address: .....</p> <p>.....</p> <p>.....</p> <p>Tel:..... Fax:.....</p> <p>Cell:.....Email:.....</p> <p>Contact Person: .....</p> <p>Registration Number: .....</p> <p><b>2. DETAILS OF THE OTHER PARTY</b></p> <p>Name: .....</p> <p>.....</p> <p>Postal Address: .....</p> <p>.....</p> <p>.....</p> <p>Tel:..... Fax:.....</p> <p>Cell:..... Email:.....</p> <p>Contact Person: .....</p> <p>Registration Number: .....</p>	
<p><b>CCMA Case Number</b>.....</p>		<p>Please turn over →</p>







LRA Form 3.14  
Trade Union applies for establishment of a statutory council  
Page 3 of 3

Signature of Secretary of trade union .....

Name .....

Date .....

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**DEPARTMENT OF LABOUR DETAILS**

I, ....., duly authorised thereto in terms of Regulation 7(2), have  
(name of official)

checked the information and certify that it is substantially correct.

Signature: .....

Name: .....

Date: .....







Signature of Secretary of employers' organisation .....

Name .....

Date .....

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**DEPARTMENT OF LABOUR DETAILS**

I, ....., duly authorised thereto in terms of Regulation 7(2),  
(name of official)

Have checked the information and certify that it is substantially correct.

Signature: .....

Name: .....

Date: .....

LRA Form 3.16  
Section 42(a)  
Labour Relations Act, 1995



## CERTIFICATE OF REGISTRATION OF A STATUTORY COUNCIL

This is to certify that the .....

.....  
*(Name of Statutory Council)*

has in terms of section 42(a) of the Labour Relations Act, 1995, been registered as a  
Statutory Council with effect from .....  
*(date)*

The registered scope of the Statutory Council is .....  
.....  
.....  
.....  
*(Sector)*

in .....  
.....  
*(Area)*

Date: .....



Reference number:.....



.....

Registrar of Labour Relations

*(Official stamp)*

<p style="text-align: center;"><b>LRA Form 3.17</b>  <b>Section 44(1) read with</b>  <b>section 44(2)</b>  <b>Labour Relations Act, 1995</b></p>	<p><b>SUBMISSION OF COLLECTIVE</b>  <b>AGREEMENT OF STATUTORY COUNCIL TO</b>  <b>MINISTER FOR PROMULGATION AS A</b>  <b>DETERMINATION</b></p>
<p style="text-align: center;"><b>READ THIS FIRST</b></p> <div style="text-align: center;"> </div> <p style="text-align: center;"><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p>A statutory council that is not sufficiently representative within its registered scope may submit a collective agreement as a recommendation to the Minister for promulgation as a determination under the Basic Conditions of Employment Act, 1997.</p> <p><b>WHO FILLS IN THIS FORM?</b></p> <p>The Secretary of a statutory council.</p> <p><b>WHERE DOES THIS FORM GO?</b></p> <p>To the Minister of Labour, c/o the Director General, Department of Labour, Private Bag X117, Pretoria 0001.                  Fax 012-309 4156.                  Email:  <a href="mailto:collective.agreements@labour.gov.za">collective.agreements@labour.gov.za</a></p> <p><b>OTHER INSTRUCTIONS</b></p> <p>Two completed forms of this form must be sent to the Director-General, Department of Labour.</p> <p>Proof of compliance with Section 54(3) of the BCEA, 1997, must be attached to this form.</p> <p>Two copies of the collective agreement must be sent with this form.</p> <p style="text-align: center;"><b>CHECK!</b></p> <p>Have you prepared proof of compliance with section 54(3) of the BCEA, 1997?</p> <p>Have you prepared two copies of the collective agreement?</p>	<p><b>STATUTORY COUNCIL DETAILS</b></p> <p>We, .....</p> <p style="text-align: center;">.....                  (name of statutory council)</p> <p>submit the collective agreement entered into on .....</p> <p style="text-align: right;">.....                  (date)</p> <p>to the Minister for promulgation as a determination under the Basic Conditions of Employment Act, 1997 (BCEA, 1997).</p> <p>We have complied with section 54(3) of the BCEA, 1997 as follows:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">.....                  (describe details of compliance)</p> <p>Signature of Secretary: .....</p> <p>Name: .....</p> <p>Date: .....</p>

<p>LRA Form 3.18 Section 44(5) Labour Relations Act, 1995</p>	<p style="text-align: center;"><b>STATUTORY COUNCIL REQUESTS MINISTER TO AMEND OR EXTEND PERIOD OF DETERMINATION</b></p> 
<p style="text-align: center;"><b>READ THIS FIRST</b></p>  <p style="text-align: center;"><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p>A statutory council may submit a proposal to the Minister to amend or extend the period of any determination. Examples of a determination are an educational training scheme, a provident fund or any other collective agreement entered into between the representatives or parties to a statutory council. The Minister may make the amendment by Notice in the Government Gazette.</p> <p><b>WHO FILLS IN THIS FORM?</b></p> <p>The Secretary of the statutory council.</p> <p><b>WHERE DOES THIS FORM GO?</b></p> <p>The Minister, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001. Fax 012-309 4156.</p> <p>Email: <a href="mailto:collective.agreements@labour.gov.za">collective.agreements@labour.gov.za</a></p> <p><b>OTHER INSTRUCTIONS</b></p> <p>Two completed copies of this form must be sent to the Minister.</p>	<p><b>1) STATUTORY COUNCIL DETAILS</b></p> <p>Name and address .....</p> <p>.....</p> <p>.....</p> <p>Tel: ..... Fax: .....</p> <p><b>2) SUBMISSION</b></p> <p>We, ....., submit the following proposal to <i>(name)</i></p> <p>the Minister to amend a determination or extend the period of determination.</p> <p>The Determination was published in Government Gazette ..... <i>(Ref.)</i></p> <p>on ..... <i>(date)</i></p> <p>Details of proposal: .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>We request that the Minister publish this amendment or extension in the Government Gazette.</p> <p>Signature of Secretary of Council: .....</p> <p>Name: .....</p> <p>Date: .....</p>

<p style="text-align: center;"><b>LRA Form 3.19</b> <b>Section 48(1)</b> <b>Labour Relations Act,</b> <b>1995</b></p>	<p style="text-align: center;"><b>STATUTORY COUNCIL APPLIES TO REGISTER AS A BARGAINING COUNCIL</b></p> <div style="text-align: right;">  </div>																						
<p style="text-align: center;"><b>READ THIS FIRST</b></p> <div style="text-align: center;">  </div> <p style="text-align: center;"><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p>This form is an application by a statutory council to register as a Bargaining Council. The Registrar will have to establish whether the parties to the council are sufficiently representative and whether adequate provision is made in the proposed constitution of the Bargaining Council for the representation of small and medium enterprises.</p> <p style="text-align: center;"><b>WHO FILLS IN THIS FORM?</b></p> <p>The Secretary of the statutory council.</p> <p style="text-align: center;"><b>WHERE DOES THIS FORM GO?</b></p> <p>The Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria, 0001. Fax 012-309 4156. Email: <a href="mailto:registrar.labourrelations@labour.gov.za">registrar.labourrelations@labour.gov.za</a></p> <p style="text-align: center;"><b>OTHER INSTRUCTIONS</b></p> <p>Two completed copies of this form must be sent to the Registrar of Labour Relations.</p>	<p><b>1) STATUTORY COUNCIL DETAILS</b></p> <p>Name: .....</p> <p>.....</p> <p>.....</p> <p>Address: .....</p> <p>.....</p> <p>.....</p> <p>Tel: ..... Fax: .....</p> <p>We have complied with all the provisions in our council's constitution in order to apply for registration as a Bargaining Council.</p> <p>The Registration Number of this statutory council is .....</p> <p><b>2) PARTIES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Employers' Organisations</th> <th style="width: 50%; text-align: center;">Trade Unions</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Employers' Organisations	Trade Unions																				
Employers' Organisations	Trade Unions																						

... please turn over →

LRA Form 3.19  
 Statutory Council applies to register as a Bargaining Council  
 Page 2 of 4

REPRESENTATIVENESS OF EMPLOYERS' ORGANISATION

Name of Employers' Organisation .....

Area (state each area separately, indicating whether magisterial district, province or other)	Number of employers in the sector who are members of the employers' organisation	Number of their employees employed in the sector

... please turn over →

**REPRESENTATIVENESS OF TRADE UNION**

Name of Trade Union .....

Area (state each area separately, indicating whether magisterial district, province or other)	Number of union members employed in the sector who are members of the representative trade union

... please turn over →



<p>Two signed copies of the proposed constitution of the Bargaining Council must be attached.</p> <p>Each employers' organisation which is party to the Bargaining Council must fill in page 2 of 4.</p> <p>Each trade union which is party to the Bargaining Council must fill in page 3 of 4.</p> <p style="text-align: center;"><b>CHECK!</b></p> <p>Have you prepared two copies of this form?</p> <p>Have you attached two copies of the constitution of the Bargaining Council?</p> <p>Have you filled in the representativeness tables?</p>	<p><b>3) REPRESENTATIVENESS</b></p> <p>_____ Total number of employees falling within the scope of the council and who belong to the trade unions that are party to the council.</p> <p>_____ Total number of employers falling within the scope of the council and who belong to the employers' organisations that are party to the council.</p> <p>_____ Total number of employees employed within the scope of the council by the employers who belong to the employers' organisations that are party to the council.</p> <p>_____ Total number of employers within the scope of the council.</p> <p>_____ Total number of employees employed within the scope of the council.</p> <p>Signature of Secretary of Council .....</p> <p>Name .....</p> <p>Date .....</p>
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**DEPARTMENT OF LABOUR DETAILS**

I, ....., duly authorised thereto in terms of Regulation 7(2), have  
*(name of official)*

checked the information and certify that it is substantially correct.

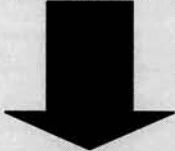
Signature: .....

Date: .....

Place: .....

LRA Form 3.20  
Section 49(3)  
Labour Relations Act, 1995

READ THIS FIRST



**WHAT IS THE PURPOSE OF THIS FORM?**

This form provides the Registrar with information to decide whether or not a Council is representative within its registered scope

**WHO FILLS IN THIS FORM?**

The Secretary of the Council

**WHERE DOES THIS FORM GO?**

The Registrar of Labour Relations, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001, Fax: 012-309 4156.

Email: [registrar.labourrelations@labour.gov.za](mailto:registrar.labourrelations@labour.gov.za)

**OTHER INSTRUCTIONS**

- Two completed copies of this form must be sent to the Registrar.
- The Secretary should ensure that information in respect of each employers' organisation which is party to the Council is completed on page 2.
- The Secretary should ensure that information in respect of each trade union which is party to the Council is completed on page 3.

**COUNCIL SUBMITS PARTICULARS OF REPRESENTATIVENESS OF ITS REGISTERED SCOPE**



PARTICULARS OF REPRESENTATIVENESS OF COUNCIL TO BE SUBMITTED TO REGISTRAR FOR PURPOSE OF CONDUCTING ANNUAL REVIEW OF REPRESENTATIVENESS IN TERMS OF SECTION 49(3)

**1) COUNCIL DETAILS**

Name and address:

.....  
.....  
.....  
.....

Tel: ..... Fax: .....

**2) REPRESENTATIVENESS**

Total number of employees falling within the registered scope of the council and who belong to the trade unions which are parties to that council:

.....

Total number of employers falling within the registered scope of the council and who belong to the employers' organisations which are party to that council:

.....

Total number of employees employed within the registered scope of the council by members of the employers' organisations that are party to that council:

.....

Total number of employees employed within the registered scope of the council:

.....

Total number of employers operating within the registered scope of the council:

.....

please turn over →





Signature of Secretary: .....

Name: .....

Date: .....

DEPARTMENT OF LABOUR DETAILS

I, ..... , duly authorised thereto in terms of Regulation 7(2), have  
(name of official)

checked the information and am satisfied that the information was substantially correct as at

.....

(date of council details)



Signature: .....

Today's date: .....

Place: .....



(Official stamp)

<p><b>LRA Form 3.20 A</b>  <b>Section 49(2)</b>  <b>Labour Relations Act,</b>  <b>1995</b></p>	<p align="center"><b>COUNCIL SUBMITS PARTICULARS OF REPRESENTATIVENESS OF PARTIES TO A COLLECTIVE AGREEMENT</b></p> 
<p><b>READ THIS FIRST</b></p>  <p><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p>This form provides the Registrar with information to determine the representativeness of parties to an agreement that has been extended to non-parties.</p> <p><b>WHO FILLS IN THIS FORM?</b></p> <p>The Secretary of the Bargaining Council.</p> <p><b>WHERE DOES THIS FORM GO?</b></p> <p>The Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria, 0001. Fax 012-309 4156. Email: <a href="mailto:registrar.labourrelations@labour.gov.za">registrar.labourrelations@labour.gov.za</a></p> <p><b>OTHER INSTRUCTIONS</b></p> <p>Two completed copies of this form must be sent to the Registrar.</p> <p>The Secretary should ensure that information in respect of each employers' organisation which is party to the agreement is completed on page 2.</p> <p>The Secretary should ensure that information in respect of each trade union which is party to the agreement is completed on page 3.</p>	<p><b>1) COUNCIL DETAILS</b></p> <p>Name: .....</p> <p>Address: .....</p> <p>Tel: ..... Fax: .....</p> <p><b>2) REPRESENTATIVENESS OF THE PARTIES TO THE COUNCIL'S AGREEMENT AS PUBLISHED IN GOVERNMENT GAZETTE NR: ..... DATED .....</b></p> <p>Total number of employees falling within the scope of the agreement and who belong to the trade unions which are parties to the agreement:</p> <p>.....</p> <p>Total number of employers falling within the scope of the agreement and who belong to the employers' organisations which are party to the agreement:</p> <p>.....</p> <p>Total number of employees employed within the scope of the agreement by members of the employers' organisations that are party to the agreement:</p> <p>.....</p> <p>Total number of employees employed within the scope of the agreement:</p> <p>.....</p> <p>Total number of employers operating within the scope of the agreement:</p> <p>.....</p>

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Signature of Secretary: .....

Name: .....

Date: .....

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**DEPARTMENT OF LABOUR DETAILS**



I, ..... , duly authorized thereto in terms of Regulation 7(2), have checked the  
*(name of official)*

information and am satisfied that the information was substantially correct as at .....  
*(date of council details)*

Signature: .....

Name: .....

Date: .....

<p><b>LRA Form 3.20 B</b>  <b>Section 54(2)(f)</b>  <b>Labour Relations Act,</b>  <b>1995</b></p>	<p align="center"><b>COUNCIL SUBMITS PARTICULARS OF                  SMALL ENTERPRISES</b></p> 
<p><b>READ THIS FIRST</b></p>  <p><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p>Every bargaining council must annually supply information required on this form to the Registrar of Labour Relations annually by January covering the previous calendar year ending 31 December.</p> <p><b>WHO FILLS IN THIS FORM?</b></p> <p>The Secretary of the Bargaining Council.</p> <p><b>WHERE DOES THIS FORM GO?</b></p> <p>The Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria, 0001.                  Fax 012-309 4156;                  E-mail:  <a href="mailto:registrar.labourrelations@labour.gov.za">registrar.labourrelations@labour.gov.za</a>.</p> <p><b>OTHER INSTRUCTIONS</b></p> <p>Two completed copies of this form must be sent to the Registrar.</p>	<p><b>1) BARGAINING COUNCIL DETAILS</b></p> <p>Name of council: .....</p> <p>.....</p> <p>Address: .....</p> <p>.....</p> <p>Secretary of Council: .....</p> <p>Contact Number: .....</p> <p>E-mail Address: .....</p> <p><b>2) COUNCIL'S DEFINITION OF SMALL ENTERPRISE</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><b>3) EMPLOYMENT WITHIN COUNCIL'S JURISDICTION</b></p> <p>..... Employers employing a total of .....</p> <p>Employees are within the registered scope of the Council.</p>

... please turn over →

**4) INFORMATION ON SMALL ENTERPRISES FALLING WITHIN REGISTERED SCOPE OF COUNCIL**

How many small enterprises: -

- Are within the Bargaining Council's registered scope? .....
- Are members of the employer parties to the Council? .....
- Are covered by collective agreements extended to non-parties in terms of section 32? .....
- How many employees are employed by small enterprises within the Council's registered scope? .....

Of those employees, how many are: -

- Employed by members of the employer parties to the Council? .....
- Party trade union members? .....

**5) REPRESENTATION OF SMALL ENTERPRISES**

Do small enterprises have representatives on the Council? .....

- Number of seats allocated to small enterprises .....
- Total number of seats in the Council .....

Do small enterprises have representatives on the Exemption Board? .....



- Number of seats allocated to small enterprises on the Board .....
- Total number seats on the Board .....

\*Do small enterprises have representatives on the Boards of Council's Funds? .....

- Number of seats allocated to small enterprises .....
- Total number of seats on the Boards of the Council's Funds .....

Signature of Secretary of Council: .....

Date: .....

<p style="text-align: center;"><b>LRA Form 3.20 C</b> <b>Section 54(2)(f)</b> <b>Labour Relations Act,</b> <b>1995</b></p>	<p style="text-align: center;"><b>COUNCIL SUBMITS PARTICULARS OF EXEMPTIONS AND ENFORCEMENT</b></p> <div style="text-align: right;">  </div>																								
<p style="text-align: center;"><b>READ THIS FIRST</b></p> <div style="text-align: center;">  </div> <p style="text-align: center;"><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p>Every bargaining council must annually supply information required on this form to the Registrar of Labour Relations by January covering the previous calendar year ending 31 December.</p> <p style="text-align: center;"><b>WHO FILLS IN THIS FORM?</b></p> <p>The Secretary of the Bargaining Council.</p> <p style="text-align: center;"><b>WHERE DOES THIS FORM GO?</b></p> <p>The Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria, 0001. Fax 012-309-4156 E-mail: <a href="mailto:registrar.labourrelations@labour.gov.za">registrar.labourrelations@labour.gov.za</a></p> <p style="text-align: center;"><b>OTHER INSTRUCTIONS</b></p> <p>Two completed copies of this form must be sent to the Registrar.</p>	<p><b>1) BARGAINING COUNCIL DETAILS</b></p> <p>Name of council: .....</p> <p>.....</p> <p>Address: .....</p> <p>.....</p> <p>Secretary of Council: .....</p> <p>Contact Number: .....</p> <p>E-mail Address: .....</p> <p><b>2) EXEMPTIONS</b></p> <p><b>2.1 Parties to the Council</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">Employer size</th> <th style="text-align: center;">9 or less</th> <th style="text-align: center;">10 - 49</th> <th style="text-align: center;">50 - 99</th> <th style="text-align: center;">100 - 500</th> <th style="text-align: center;">501 and more</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Total number of exemption applications</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </tbody> </table> <p><b>2.2 Non-parties to the Council</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Employer size</th> <th style="text-align: center;">9 or less</th> <th style="text-align: center;">10 - 49</th> <th style="text-align: center;">50 - 99</th> <th style="text-align: center;">100 - 500</th> <th style="text-align: center;">501 and more</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Total number of exemption applications</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </tbody> </table>	Employer size	9 or less	10 - 49	50 - 99	100 - 500	501 and more	Total number of exemption applications						Employer size	9 or less	10 - 49	50 - 99	100 - 500	501 and more	Total number of exemption applications					
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**2.3 All exemptions processed by the Council**

Exemptions	Granted	Partially granted	Refused	Withdrawn	Under consideration
Total exemptions					

**NOTE: ALL APPLICATIONS FOR EXEMPTIONS SHOULD BE FINALISED WITHIN 30 DAYS OF RECEIPT**

**2.4 Exemptions by SMME(s)**

Exemptions	Granted	Partially granted	Refused	Withdrawn	Under consideration
Total exemptions for SMMEs					

**2.5 Total exemptions - All exemption applications received**

Type of exemptions	Granted	Partially granted	Refused	Withdrawn	Under consideration
Wages					
Conditions of employment					
Pension/provident fund					
Medical/sick fund					
Other					

Specify other .....

.....

**2.6 Exemptions - SMMEs**

Type of exemptions	Granted	Partially granted	Refused	Withdrawn	Under consideration
Wages					
Conditions of employment					
Pension/provident fund					
Medical/sick fund					
Other					

Specify other (for SMMEs) .....

... Please turn over

### 3) ENFORCEMENT OF AGREEMENTS

Total number of Designated Agents		Inspections		Compliance Orders	
Full time	Part-time	Total inspections conducted in Industry	Conducted on small enterprises	Issued in the Industry	Issued to small enterprises

Signature of Secretary of Council .....

Date: .....

LRA Form 3.21  
Section 49(4)  
Labour Relations Act, 1995



### CERTIFICATE OF REPRESENTATIVENESS OF COUNCIL

The Secretary  
Bargaining Council

.....  
.....  
.....

In terms of section 49(4) I am satisfied that the .....  
.....  
..... is a representative Council.

1. On the ..... there were .....  
.....  
employees employed within the registered scope of the Council.
2. On the ..... there were ..... members of  
.....  
the trade unions that were party to the Council who were employed within the scope of the Council.
3. On the ..... there were ..... employees  
.....  
employed within the registered scope of the Council by members of the employers' organisations,  
party to the Council.

Date: .....

Reference number: .....

(Official Stamp)

.....  
Registrar of Labor Relations



**CERTIFICATE  
OF REPRESENTATIVENESS OF PARTIES TO A  
COLLECTIVE AGREEMENT**

The Secretary

Bargaining Council

.....  
.....  
.....

In terms of section 49(2) I am satisfied that the parties to your Council's .....  
..... Agreement is representative.

1. On the ..... there were .....  
(date) (number)  
employees employed within the scope of the Agreement.

2. On the ..... there were ..... members of  
(date) (number)  
the trade unions that were party to the Council who employed within the scope of the Agreement.

3. On the ..... there were ..... employees  
(date) (number)  
employed within the scope of the Agreement by members of the employers' organisations, party to  
the Agreement.

Date: .....

Reference no.: .....

.....  
Registrar of Labour Relations

(Official stamp)