

**APPLICATION FOR EXEMPTION**

Name of Business: .....

Address of Business: .....  
.....  
.....

Name of Responsible Person: .....

Tel No: .....Fax No: .....

Date of application: .....

Please complete as fully as possible:-

- 1) Which clauses or sub-clauses do you need exemption from?  
.....
- 2) The period for which the exemption is required?  
.....
- 3) Was the exemption application discussed with your employees?  
.....
- 4) If the answer to 3 is “yes”:-
  - a) Do the employees understand the implication if the exemption should be granted?  
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  - b) Proof that the exemption applied for has been discussed with the employer, his employee(s) and their respective representatives. The responses resulting from such consultation, either in support of or against the application, to be attached to the application.
  - c) Can a Council representative meet with you and your employees to discuss the exemption application?  
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- 5) Attach a list of all your employees indicating names, identity numbers and rate of pay where available.
- 6) Fully motivate the reason for the exemption application and include affidavits if possible.
- 7) Attach any other relevant documents to substantiate the application.

.....  
Signature of Responsible person

.....  
Date