

REQUEST TO PARTICIPATE IN THE TEMPORARY EMPLOYEE / EMPLOYER RELIEF SCHEME (TERS)



READ THIS FIRST

WHAT IS THE PURPOSE OF THIS FORM?

This form enables a party to request that a Commissioner be appointed to conciliate on the conclusion of an agreement to participate in the Temporary Employee / Employer Relief Scheme (TERS).

WHO FILLS IN THIS FORM?

Any employer, trade union or individual worker may complete this form

WHERE DOES THIS FORM GO?

The Registrar, Provincial Office of the CCMA in the province where the business operates and where the employees are based.

See details on this page.

WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?

This application will be evaluated to determine whether a Commissioner should be appointed to assist the parties by conciliation to conclude a TERS Agreement.

PROVINCIAL OFFICES OF THE CCMA

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CCMA NORTH WEST - Klerksdorp
CCMA House, 47 Siddle Street
KLERKSDORP
Private Bag X5004, KLERKSDORP, 2570
Tel: (018) 464-0700
Fax: (018) 462-4126
Email: KDP@ccma.org.za

CCMA NORTH WEST - Rustenburg
Shop SG7 11B, 43-45 Boom Street
RUSTENBURG
Private Bag X82104, RUSTENBURG, 0300
Tel: To be confirmed
Fax: (014) 538-1267
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CAPE TOWN
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Fax: (021) 465-7193/7
Email: CTN@ccma.org.za
GEORGE



READ THIS FIRST

OTHER PARTIES

If more than one party is making this application, write down the names and particulars on a separate piece of paper and attach details to this form.

OTHER INSTRUCTIONS

A copy of this form must be served on the other party.

Proof that a copy of this form has been served on the other party must be supplied by attaching:

- A copy of a registered slip from the Post Office;
- A copy of a signed receipt if hand delivered;
- A signed statement confirming service by the person delivering the form;
- A copy of a fax confirmation slip; or
- Any other satisfactory proof of service.

CHECK!

Have you attached proof that this form has been served on the other party?

1. DETAILS OF PARTY MAKING APPLICATION

Name:

Postal Address:.....

..... Postal Code:

Contact Person:

Tel:.....Cell:.....

Fax:..... Email:

2. DETAILS OF THE OTHER PARTY

Name:

Postal Address:.....

..... Postal Code:

Contact Person:

Tel:.....Cell:.....

Fax:..... Email:

3. DETAILS OF THE OTHER PARTY

(IF MORE THAN ONE OTHER PARTY, PROVIDE DETAILS ON A SEPARATE PAGE)

Name:

Postal Address:.....

..... Postal Code:

Contact Person:

Tel:.....Cell:.....

Fax:..... Email:

4. HOW MANY EMPLOYEES DOES THE EMPLOYER EMPLOY?

5. HOW MANY EMPLOYEES HAS THE EMPLOYER DISMISSED FOR OPERATIONAL REQUIREMENTS IN THE PAST 12 MONTHS?

6. HOW MANY EMPLOYEES DOES THE EMPLOYER INTEND DISMISSING FOR OPERATIONAL REQUIREMENTS?

7. IF SHORT-TIME HAS BEEN IMPLEMENTED, PROVIDE THE FOLLOWING DETAILS:

DATE SHORT-TIME COMMENCED:.....

NUMBER OF EMPLOYEES PLACED ON SHORT-TIME:.....

NUMBER OF DAYS OF SHORT-TIME PER WEEK :

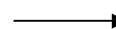
(IF INSUFFICIENT SPACE, PROVIDE FULL DETAILS ON A SEPARATE PAGE)

8. HOW MANY EMPLOYEES ARE LIKELY TO BE PLACED ON THE TEMPORARY RELIEF SCHEME (TERS)?

.....

9. HOW LONG IS THE TERS EXPECTED TO LAST?

Please turn over



Tick the correct box
☒

10. SUMMARISE THE FACTS THAT INDICATE THAT THE BUSINESS IS IN DISTRESS

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11. MOTIVATE WHY PARTICIPATION IN THE TEMPORARY RELIEF SCHEME (TERS) COULD ASSIST THE BUSINESS IN THE SHORT TERM:

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12. IN ORDER TO EVALUATE WHETHER THE BUSINESS IS ELEGIBLE TO PARTICIPATE IN THE TEMPORARY RELIEFT SCHEME (TERS), THE FOLLOWING INFORMATION MUST BE PROVIDED:

- **ANNUAL FINANCIAL STATEMENTS**
Balance Sheet, Income Statement and Cash Flow Statement – most recent and audited where applicable. (If the audited financials is for prior year and the latest set is under audit, please submit both audited (prior year) and unaudited set)
 - **MANAGEMENT ACCOUNTS** (With comparative figures for that period)
Balance Sheet and Income Statement to cover period from date of Annual Financial Statements to the date of this request where this period is more than 3 months.
- Parties may submit any other information to support the request such as *Order Book, Production Schedules, Notice of Cancellation of Orders, etc.*

13. SECTOR

INDICATE THE SECTOR OR SERVICE IN WHICH THE BUSINESS OPERATES.

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Private Security | <input type="checkbox"/> Public Service |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Agriculture |
| | | |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Building & Construction | <input type="checkbox"/> Contract Cleaning |
| <input type="checkbox"/> Media & Television | <input type="checkbox"/> Mining | <input type="checkbox"/> Metal |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Services | <input type="checkbox"/> Paper & Printing |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Domestic | |
| <input type="checkbox"/> Other (<i>please describe</i>)..... | | |

14. WHICH SECTOR EDUCATION AND TRAINING AUTHORITY (SETA) DO YOU FALL UNDER?

.....

15. WHAT IS YOUR SKILLS DEVELOPMENT LEVY (SDL) NUMBER?

Parties may, at their own cost, bring interpreters for languages other than the official South African languages. Please indicate this under 'other'.

Special features might be the urgency of the matter, the large number of people involved, etc.

16. DOES THE BUSINESS FALL UNDER THE JURISDICTION OF A BARGAINING COUNCIL? IF SO, GIVE DETAILS OF COUNCIL.

.....
Participation in the Temporary Relief Scheme (TERS) will be dependent on the employer being granted an exemption from the relevant Bargaining Council Agreements in respect of wages and other benefits. It is the responsibility of the employer to apply to the Bargaining Council for any such exemption.

17. INTERPRETATION SERVICES

Do you require an interpreter at the TERS Facilitation? ☐ YES ☐ NO

If yes, please indicate for what language:

- | | | |
|------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> isiNdebele | <input type="checkbox"/> isiZulu |
| <input type="checkbox"/> isiXhosa | <input type="checkbox"/> Sepedi | <input type="checkbox"/> Sesotho |
| <input type="checkbox"/> Setswana | <input type="checkbox"/> siSwati | <input type="checkbox"/> Tshivenda |
| <input type="checkbox"/> Xitsonga | <input type="checkbox"/> Other (<i>please indicate</i>)..... | |

18. SPECIAL FEATURES / ADDITIONAL INFORMATION

Briefly outline any special features / additional information that could assist this application.

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19. CONFIRMATION OF ABOVE DETAILS:

Form submitted by (name):.....

Signature:.....

Position:.....

Date:.....

Place:.....

20. CONSENT BY OTHER PARTY

Participation in the Conciliation is voluntary and therefore requires all parties to consent. Before a Conciliation on TERS Agreement can commence, all parties involved must consent to the appointment of the Conciliator.

This serves to confirm that I / We consent to participation in conciliation on the TERS Agreement.

Signature:.....

Position:.....

Date:.....

Place:.....

(IF MORE THAN ONE OTHER PARTY, PROVIDE CONSENT ON A SEPARATE PAGE)