



National
Bargaining
Council

For the Chemical Industry

An ethical leader in innovative labour relations solutions

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EXEMPTION APPLICATION

1. _____
(NAME OF FIRM/CO)

(ADDRESS)

2. EXEMPTION REQUIRED

3. RELEVANT CLAUSES

4. PERIOD FOR WHICH EXEMPTION IS REQUIRED

REG NO: _____

TEL NO: _____

CELL NO: _____

FAX NO: _____

5(a) NUMBER & CATEGORY OF EMPLOYEES IN EMPLOYMENT:

NUMBER	CATEGORY	NUMBER	CATEGORY

5(b) NUMBER & CATEGORY OF EMPLOYEES AFFECTED BY THIS APPLICATION

NUMBER	CATEGORY	NUMBER	CATEGORY

6(a) WAS THERE CONSULTATION WITH THE EMPLOYEES?

☐☐

YES

NO

(b) DATE OF CONSULTATION: _____

(c) RESPONSE OF EMPLOYEE: _____

7(a) WAS THERE CONSULTATION WITH EMPLOYEES REPRESENTATIVES?

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YES NO

(b) RESPONSE FROM EMPLOYEE REPRESENTATIVES _____

(c) NAME OF UNION/ REPRESENTATIVE _____

8(a) WAS A BALLOT HELD

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YES NO