



## **METAL & ENGINEERING INDUSTRIES**

### **PENSION / PROVIDENT EXEMPTION APPLICATION FORM**

In applying for an Exemption please fill in the above and details required below. No exemption application will be considered if this form is not completed. Exemption will only be considered if the company has an existing Fund whose benefits are equal to or superior to those of the Councils Funds.

**DATE OF THIS APPLICATION:** \_\_\_\_\_

#### **PART 1. REGISTRATION DETAILS:**

- 1. 1. Council Registration Number: \_\_\_\_\_
- 1. 2. Date the firm was Registered with the Council: \_\_\_\_\_
- 1. 3. Name of firm: \_\_\_\_\_
- 1. 4. Address of firm: \_\_\_\_\_
- 1. 5. Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
- 1. 6. E-mail Address: \_\_\_\_\_
- 1. 7. Contact person: \_\_\_\_\_
- 1. 8. Name of Employer Organization: \_\_\_\_\_
- 1. 9. Activities of firm: \_\_\_\_\_

#### **PART 2. LABOUR DETAILS:**

- 2. 1. Total Number of Employees (Staff included): \_\_\_\_\_
- 2. 2. Total Number of Scheduled Employees (Staff excluded): \_\_\_\_\_
- 2. 3. Name/s of Trade Union/s involved: \_\_\_\_\_



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### **PART 3. EXEMPTION DETAILS:**

3.1 Specify exemption applied for: \_\_\_\_\_

3.2 Have Trade Union representatives or workforce been consulted? [Yes] [No]  
[NA].

3.3 Date of consultation/s: \_\_\_\_\_

3.3.1 Did the Trade Union representatives support the Application? [Yes] [No]  
[NA]. If not, why?

Or

3.3.2. Have affected employees been consulted? [Yes] [No].

3.3.2.1. Did affected Employees support the Application? [Yes] [No]. (If not,  
attach reasons thereto)

3. 4 Has the following been attached to this Application?

3.4.1. Minutes of Meetings with Employees / Trade Union Representatives?  
[Yes] [No]

3.4.2. Name & signatures of employees who attended the meeting?

[Yes] [No] , If not, please state reason:

\_\_\_\_\_

### **PART 4 (Retirement Annuities are *not* considered as Pension / Provident Funds.)**

FUND NAME: \_\_\_\_\_

F.S.B. REGISTRATION NUMBER: \_\_\_\_\_

NO. OF SCHEDULED EMPLOYEES AFFECTED: \_\_\_\_\_

Kindly complete (or arrange for your broker to complete) the checklist hereunder.

**NOTE:** A **FULL** copy of the company funds rules must be attached to this application, failure to comply with this requirement will render the application defective and no further consideration will be given to this application until such requirement has been fulfilled.

## **CONTRIBUTIONS**

METAL INDUSTRIES PENSION/PROVIDENT FUND

Applicant Fund

Employer % - (as compared to Clause 9(2.1)(f)(v) of collective agreement				
Employees % - (as compared to Clause 9(2.1)(f)(v) of collective agreement				
TOTAL % (as compared to Clause 9(2.1)(f)(v) of collective agreement				
Less Administration Expenses				
DEATH COVER				
PERMANENT DISABILITY SCHEME				
Net amount to members' retirement account as a % of wages (as compared to Clause 9(2.1)(f)(v) of collective agreement)				
Investment Fees Stated as a % of Funds Under Management				
Fund Growth Returns after Investment Fees	1 Year Returns	3 Year Returns	5 Year Returns	

A copy of the audited investment returns must be attached reflecting the above information.



## **BENEFITS**

### **METAL INDUSTRIES PENSION/PROVIDENT FUND**

### **FUND APPLYING FOR EXEMPTION**

	<b><u>BENEFITS</u></b>
DEATH BENEFITS	
RETIREMENT BENEFITS	
PERMANENT DISABILITY	
WAIVER OF EMPLOYER CONTRIBUTIONS	
RESIGNATION/RETRENCHMENT	

### **PART 5. CONSULTATION DETAILS:**

#### **APPLICATION FOR EXEMPTION FROM METAL AND ENGINEERING INDUSTRIES BARGAINING COUNCIL (PENSION/PROVIDENT FUND)**

We:

1. ....
2. ....

Being the duly appointed Employees Representatives, do hereby confirm that the Management of:

.....

Discussed and consulted with all employees of the Company, all aspects and reasons for the Application for Exemption.

The employees unanimously accepted and agreed to Management's reasons for the Application and as a result, requested that we sign all documentation to give effect thereto:

**SIGNED:** .....

**SIGNED:** .....

**DESIGNATION:** .....

**DESIGNATION:** .....

**DATE:** .....

**DATE:** .....



## **Employee / Trade Union Acknowledgment of this Application**

We the undersigned do hereby confirm, as required by Section 3.8 above, that we have been consulted about the employers need to submit this application. We are aware of the right to submit in writing reasons for objecting to this exemption application (attached as an annexure to this application).

**SIGNED ON BEHALF OF THE EMPLOYEES:** .....

**PLEASE PRINT NAME/S CLEARLY:** .....

**DATE:** .....

**SIGNED ON BEHALF OF THE EMPLOYEE REPRESENTATIVE/S:** .....

**PLEASE PRINT NAME/S CLEARLY:** .....

**DATE:** .....

**SIGNED ON BEHALF OF THE TRADE UNION:** .....

**PLEASE PRINT NAME CLEARLY:** .....

**DATE:** .....



**APPLICATION FOR EXEMPTION FROM THE METAL AND ENGINEERING INDUSTRIES  
BARGAINING COUNCIL (PENSION/PROVIDENT FUND AGREEMENT)**

We, the employees of:

.....

Hereby confirm that the Company's Management called a meeting on:

.....

To discuss and consult with us the company's need to make application for exemption to the Metal and Engineering Industries Bargaining Council.

We fully understand the reasons for and the effect the application will have on us as well as the company.

We unanimously accept the need and terms of the exemption application and agree to the company making such an application.

Signed at: ..... on .....day of.....2018

**SIGNATURES OF EMPLOYEES:**

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**Please note:**

1. All relevant documentation pertaining to the Application **MUST** be attached in order to ensure an expeditious reply. If any Section of this document is **NOT** completed or any document/s is not attached, the Council will not consider the Application and the firm would have to make a new Application.
2. The details reflected in this document have been provided by the employer or person so designated as being true and correct at the date of this Application. It is understood that all information contained in the document is subject to verification if required. Any information found to have been incorrect would result in immediate disqualification of the Application.

**Signed:** .....

**Date:** .....

**Please print name:** .....

**Designation:** .....

**Telephone:**.....

**ON COMPLETION PLEASE RETURN TO THE REGIONAL COUNCIL'S OFFICE FOR FORWARDING TO THE FUNDS OFFICE WITH A FULL SET OF RULES TO SUPPORT ABOVE DECLARATION.**