

H C S B C

(Registered under the Labour Relations Act, No. 66 of 1995)



(semi national)

Fax: (011) 760-1274
P O Box 1963, ROODEPOORT, 1725

Tel: (011) 760-1685
15 EDWARD STREET, ROODEPOORT, 1724

ANNEXURE B

(Clauses 6.1 & 6.4 of the MAIN)

APPLICATION FOR REGISTRATION OF ESTABLISHMENT

Notes: - Answer ALL questions; - Blanks are NOT acceptable;
(If the answer to a question is the SAME as for a previous question, you need only refer to the Question No. under which the information was already given)

1. Full Name under which business is carried on:

.....
(State name establishment registered as, as well as name under which you currently trade)
currently trading as

2. Business POSTAL Address _____

Postal CODE _____

3. Business Phone No: Dialling Code: _____ **No.** _____

4. Street Address/es at which above Business is carried on:

(Specify **EACH** Address at which business is carried on by your Establishment)

(1) _____

Suburb: _____ Magisterial District: _____

(2) _____

Suburb: _____ Magisterial District: _____

(3) _____

Suburb: _____ Magisterial District: _____

(4) _____

Suburb: _____ Magisterial District: _____

5. Type of Business - Details for Registration Certificate : (Tick)

(Barber, Hair or Beauty Salon, Hair & Beauty, Nail Bar, Other):

_____ Gents Barber only _____ Ladies Hair Salon only _____ Unisex Hair Salon
_____ Afro Hair Salon _____ Afro & Causation Hair _____ Afro Hair & Beauty
_____ Beauty Salon _____ Beauty & Hair Salon _____ Nail Bar

Other : _____

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6. Tick WHETHER this is :

6.1 _____ **An entirely NEW business.** *IF so*, specify the DATE on which this business commenced _____

6.2 _____ **An EXISTING Business which has been acquired by a NEW Owner** **IF so**, state the Name under which the business was formerly carried on:

and ALSO give the following details :

DATE on which the business was taken over: _____

Full Name/s of PREVIOUS Owner/s _____

Present Address of PREVIOUS Owner/s _____

7. LEGAL Personality of Establishment (Tick Correct Classification)

FILL IN PERSONAL PARTICULARS OF ALL LEGAL OWNER/S IN THE TABLE BELOW

_____ **SOLE Proprietorship**

_____ **PARTNERSHIP**

(**ATTACH COPY** of **PARTNERSHIP AGREEMENT** and **COPIES** of **ALL Partners' ID's**)

_____ **CLOSE Corporation (cc) CK No.**

(**ATTACH COPY** of **CK Registration Documents** & **COPIES** of **ALL Members' ID's**)

_____ **COMPANY [Pty] Ltd** **Co. Reg. No.:**

(**ATTACH** copy of **Certificate of Incorporation** & copies of **ALL Directors/Shareholders IDs**)

_____ **Trading TRUST** **Trust Reg. No:**

(**ATTACH** copy of **Trustee Registration Documents** & copies of **ALL Trustees' ID's**)

<u>CONTACT DETAILS OF ALL LEGAL OWNER/S</u> (Whether Sole Proprietor <u>OR</u> Partner/s <u>OR</u> Members <u>OR</u> Director/s &/or Shareholder/s <u>OR</u> Trustees)		State IF SOLE Proprietor, Partner, Member, Director or Trustee
Name/s		
Surname
Postal/ Home Address	Code
I.D. No.
Email
Tel No. Code..... Tel No.....
Cell No.		
Are YOU a Working Employer? (Yes/No) (I.E do you WORK in the Establishment as well?)		
IF YES, are you Qualified (ATTACH Copy of Certificate) (Yes/No)		

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9. Full Names of Bookkeeper/Accounting Officer :

9.1 Postal/Physical Address of Bookkeeper/Accounting Officer:

_____ Postal Code : _____

9.2 Their Tel. Nos. : (W) Code Tel No. _____

Contact Nos : (H) Code Tel No. _____

(Cell)

9.3 Their Email : _____

10. IS there a QUALIFIED (Hairdresser OR Cosmetologist) working in YOUR Establishment? _____ (YES/NO)

IF the answer is NO it should be NOTED THAT:

- *in the case of an establishment/s where the legal owner/s is/are NON-Working Owner/s, that at least 1 (one) qualified certificate-holder **must** be employed (Clause 5.2.2 refers), and also that*
- **NO** person/s may perform any act defined under hairdressing or cosmetology in an establishment **UNLESS** he/she is qualified to practice either hairdressing OR cosmetology (Clause 5.4 refers); and that
- NO Learner/s may be contracted to train in your establishment WITHOUT proper supervision & training by a Qualified (Hairdresser/ Cosmetologist).

11. KINDLY COMPLETE the ATTACHED Annexure 1 (DETAILS OF ALL EMPLOYEES [STAFF] EMPLOYED BY YOUR ESTABLISHMENT).

I/WE, the ABOVE-STATED LEGAL OWNER/S, by MY/OUR SIGNATURES hereunder do hereby CERTIFY and WARRANT THAT :

1. ALL PARTICULARS CONTAINED IN THIS REGISTRATION APPLICATION ARE CORRECT.
2. THE LIST OF EMPLOYEES (ANNEXURE 1), ANNEXED HERETO, AND INCORPORATED AS IF PART HEREOF, IS A TRUE AND CORRECT REFLECTION OF **ALL** THE EMPLOYEES CURRENTLY EMPLOYED AT THIS ESTABLISHMENT.
3. THE ESTABLISHMENT TO WHICH THIS APPLICATION RELATIONS IS -
 - a. NOT used for any purpose other than the provision of hairdressing and cosmetology services, unless such other use is separated from the establishment by a wall or walls having no doors, windows, apertures or other means of communication therewith; and
 - b. NOT used as a training institution in contravention of clause 8.3 of the Agreement.

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FURTHERMORE, I/WE, the undersigned LEGAL OWNER/S of this ESTABLISHMENT, hereby undertake to, at ALL times, COMPLY with ALL the provisions of the Main Collective Agreement as handed to ME/US (*Delete whichever NOT Applicable*).

Signed BY the LEGAL OWNER/S (the EMPLOYER/S), WHO hereby warrants MY/OUR (*Delete whichever NOT Applicable*) AUTHORITY so to SIGN

**AT, on this the day of
(PLACE)**

**of 20.....
(MONTH) (Yr)**

PRINT NAMES IN FULL

Legal Owner/s SIGNATURE

PRINT NAMES IN FULL

Legal Owner/s SIGNATURE

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Legal Owner/s SIGNATURE

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Legal Owner/s SIGNATURE

PRINT NAMES IN FULL

Legal Owner/s SIGNATURE

ABOVE-SIGNED LEGAL OWNER/S TO ALSO INITIAL EACH PAGE OF THIS APPLICATION.

ANNEXURE B (Clause s 6.1 & 6.3 of Main)

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LIST OF EMPLOYEES (Annexure 1)

N.B: PARTICULARS OF EVERY EMPLOYEE (INCLUDING LEARNERS) OF THE ABOVE EMPLOYER/S MUST BE STATED HEREUNDER:

ESTABLISHMENT NAME <u>EMPLOYEES' PERSONAL PARTICULARS</u>	Date Engaged	DETAILS of PREVIOUS EMPLOYER (Establishment)	SEX M/F	OCCUPATION (Job Title)	Qualified (YES/No) ATTACH Copy of Certificate	Remuneration (Basic Salary or PSC)	Union/ NON-Union Member U/NU
Name Surname Address Code I.D. No. Home Tel. Cell No.						R.....%	
Name Surname Address Code I.D. No. Home Tel. Cell No.						R.....%	
Name Surname Address Code I.D. No. Home Tel. Cell No.						R.....%	

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Name Surname Address Code I.D. No. Home Tel. Cell No.						R.....%	
Name Surname Address Code I.D. No. Home Tel. Cell No.						R.....%	
Name Surname Address Code I.D. No. Home Tel. Cell No.						R.....%	

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