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| LRA Form 3.11**Section 34(2)****Labour Relations Act, 1995** |  | AMALGAMATING BARGAINING COUNCIL APPLIES FOR REGISTRATION |  |
| **READ THIS FIRST**WHAT IS THE PURPOSE OF THIS FORM?This form is an application by Bargaining Councils who wish to amalgamate (to join together) to apply for registration. After registration of the new Council the Registrar cancels each of the separate Bargaining Council's registration.WHO FILLS INTHIS FORM?The Secretary of the amalgamating Bargaining Councils.WHERE DOES THISFORM GO?To the Registrar of Labour Relations, Department of Labour. Private Bag X117, Pretoria, 0001.Fax 012-309 4156.Email:registrar.labourrelations@labour.gov.za**… please turn over** → |  | **1) AMALGAMATING BARGAINING COUNCIL DETAILS** Names and addresses of Bargaining Councils:…………..…………….……………………………………….……….…..…………………….…………………………………………………….……….….………..…….…………………..…………………………………..…………………..………..…………………………………..…………..…………….……………………………………….……….…..…………………….…………………………………………………….……….….………..…….…………………..……………………………………………………...….……………..…………………………..……………………………………………………...….……………..…………………………..……………………………………………………...….……………..…………………………..**2) APPLICATION**We apply for the registration of an amalgamated Bargaining Council for the proposed scope: …………………………………………………………………………………………………………………………………………………...….……………..…………………………..……………………………………………………...….……………..…………………………..……………………………………………………...….……………..…………………………..……………………………………………………...….……………..…………………………..……………………………………………………...….……………..…………………………..……………………………………………………...….……………..…………………………..……………………………………………………...….……………..…………………………..……………………………………………………...….……………..…………………………..……………………………………………………...….……………..………………………….. (sector) |

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| **OTHER INSTRUCTIONS**Two completed copies of this form must be sent to the Registrar of Labour RelationsThe Secretary of each Bargaining Council that is amalgamating must either attach its Certificate of Representativeness (issued to the council within the 12 months prior to the date of application) or fill in the table on page 3.If you need more space to write the information, use an extra piece of paper and attach it to this form. |  | ……………………………………………………...….……………..…………………………..……………………………………………………...….……………..…………………………..……………………………………………………...….……………..…………………………..……………………………………………………...….……………..…………………………..……………………………………………………...….……………..…………………………..……………………………………………………...….……………..…………………………..……………………………………………………...….……………..…………………………..……………………………………………………...….……………..…………………………..……………………………………………………...….……………..…………………………..……………………………………………………...….……………..………………………….. (Area)**3) NAME AND ADDRESS** The name of the Council will be:……………………………………………………...….……………..…………………………..……………………………………………………...….……………..…………………………..The address of the Council will be:Postal Address: …………………………………...….……………..………………………….……………………………………………………...….……………..…………………………..Physical Address: ………………………………...….……………..………………………….……………………………………………………...….……………..…………………………..Tel ..……………………………..………… Fax ………………………………….…………..Date ……………………………….. |

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|  |  | Number of employees who are members of the trade union party to the Council |  |  |  |  |  |  |  |  |  |  |  |  |
| **REPRESENTATIVENESS OF EACH BARGAINING COUNCIL** |  | Number of their employees employed within the scope of the Council |  |  |  |  |  |  |  |  |  |  |  |  |
| Name ……………………………………………………………………………………………………………. | Number of employers who are members of the employers' organisation party to the Council |  |  |  |  |  |  |  |  |  |  |  |  |
| Area(state each area separately, indicating whether magisterial district, province or other) |  |  |  |  |  |  |  |  |  |  |  |  |

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|  |  | **4) REPRESENTATIVENESS OF THE Bargaining Council** |
|  |  | \_\_\_\_\_\_\_\_\_\_\_ Total number of employees falling within the proposed scope of the Bargaining Council and who belong to the trade unions that are party to the Council.\_\_\_\_\_\_\_\_\_\_\_ Total number of employers falling within the proposed scope of the Bargaining Council and who belong to the employers' organisations that are party to the Council.\_\_\_\_\_\_\_\_\_\_\_ Total number of employees employed within the proposed scope of the Bargaining Council by the employers who belong to the employers' organisations that are party to the Council.\_\_\_\_\_\_\_\_\_\_\_ Total number of employers within the proposed scope of the Bargaining Council.\_\_\_\_\_\_\_\_\_\_\_ Total number of employees employed within the proposed scope of the Bargaining Council. |
| Submit the following documents:Copy of the resolution to amalgamate passed by each of the Councils A certificate by the Secretary of each Council that the resolution complied with Council's constitution**.** |  | **5) SIGNATORIES**Name of amalgamating Council Signature of Secretary1……………………………………………… ………………………………………………2……………………………………………… ………………………………………………3……………………………………………… ………………………………………………4……………………………………………… ………………………………………………5……………………………………………… ………………………………………………6……………………………………………… ………………………………………………7……………………………………………… ………………………………………………Date: ………………………………………… |
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**DEPARTMENT OF LABOUR DETAILS**

I, ……………………………………………………..………………., duly authorised thereto in terms of Regulation 7(2), have

 (name of official)

checked the information and certify that it is substantially correct as on the date of application.

Signature: ………………………………………………………..

Name: ……………………………………………………………..

Date: ………………………………………………………………