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| LRA Form 3.17       **Section 44(1) read with section 44(2)** **Labour Relations Act, 1995** | SUBMISSION OF COLLECTIVE AGREEMENT OF STATUTORY COUNCIL TO MINISTER FOR PROMULGATION AS A DETERMINATION | |  |
| **READ THIS FIRST**  WHAT IS THE PURPOSE OF THIS FORM?  A statutory council that is not sufficiently representative within its registered scope may submit a collective agreement as a recommendation to the Minister for promulgation as a determination under the Basic Conditions of Employment Act, 1997.  WHO FILLS IN THIS FORM?  The Secretary of a statutory council.  WHERE DOES THIS  FORM GO?  To the Minister of Labour, c/o the Director General, Department of Labour, Private Bag X117, Pretoria 0001.  Fax 012-309 4156.  Email:  [**collective.agreements@labour.gov.za**](mailto:collective.agreements@labour.gov.za)  **OTHER INSTRUCTIONS**  Two completed forms of this form must be sent to the Director-General, Department of Labour.  Proof of compliance with Section 54(3) of the BCEA, 1997, must be attached to this form.  Two copies of the collective agreement must be sent with this form.  **CHECK!**  Have you prepared proof of compliance with section 54(3) of the BCEA, 1997?  Have you prepared two copies of the collective agreement? |  | **STATUTORY COUNCIL DETAILS**  We, …………………………………………………………………………..………..……….  ………………………………………………………………………………………………….  *(name of statutory council)*  submit the collective agreement entered into on …………………………….………….  *(date)*  to the Minister for promulgation as a determination under the Basic Conditions of  Employment Act, 1997 (BCEA, 1997).  We have complied with section 54(3) of the BCEA, 1997 as follows:  ………………………………………………………………………..…………….…………..  ……………………………………………………………………….……………..…………..  …………………………………………………………………………………………………..  …………………………………………………………………………………………………..  …………………………………………………………………………………..……………..  ……………………………….………………………………………………….……………..  ……………………………….………………………………………………….……………..  ……………………………….………………………………………………….……………..  *(describe details of compliance)*  Signature of Secretary: …………………………………………………………………….  Name: ………………………………………………………..............................................  Date: ………………………………………………….……………………………………... | |