

NATIONAL BARGAINING COUNCIL

for the Hairdressing - Cosmetology - Beauty & Skincare Industry

Fax: (011) 760-1274

Tel: (011) 760-1685

ANNEXURE A

APPLICATION FOR REGISTRATION OF AN ESTABLISHMENT BY THE LEGAL OWNER/ EMPLOYER/ RENT-A-CHAIR

Notes: - Complete ALL questions please.

(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)

AGENT	
DIVISION/ AREA	

1. Establishment's full name details:

Registered name of Establishment:	
Name under which Establishment trades:	
Establishment SDL (Skills Development levy) number:	
Employer PAYE Number:	

2. Establishment Postal Address:

Postal Code:	

3. Establishment Tel Phone No:

Initial Here

Dialling Code: _____ **Number:** _____

4. **Street Address/es at which above Business is carried on:**
(Specify all addresses where you have a branch / establishment)

(1)

Branch Name:	
Street Name:	
Street number:	
Suburb:	
Province:	
Magisterial District:	
Postal Code:	

(2)

Branch Name:	
Street Name:	
Street number:	
Suburb:	
Province:	
Magisterial District:	
Postal Code:	

(3)

Branch Name:	
Street Name:	
Street number:	
Suburb:	
Province:	
Magisterial District:	
Postal Code:	

(4)

Branch Name:	
Street Name:	
Street number:	
Suburb:	
Province:	
Magisterial District:	
Postal Code:	

Initial Here

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

- Gents/ Barber Salon only
- Ladies Hairdressing Salon only
- Unisex Hair salon
- Beauty Salon
- Hair and Beauty Salon
- Nail Salon only
- Other and describe: _____
- Afro Salon
- Caucasian Salon
- Afro and Caucasian Salon
- Rent - a - Chair with employees **CODE I** (IN BUSINESS)
- Rent - a - Chair with no employees **CODE E** (ONE MAN BAND)

NB: Should you be a Rent-a-Chair, please attached a copy of your Lease Agreement to this registration form.

Lease Agreement attached: YES NO

6. Tick whether this is:

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

Initial Here

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 business was taken over	____/____/____
Full names of previous Owner	
Present Address of previous Owner	
Code:	

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)

Closed 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)

SDL (Skills Development Number)

SARS INCOME TAX NUMBER

Initial Here

Contact details of all Legal owners:

Tick box:

Sole proprietor

Partner

Member

Director

Trustee

Title:		
Name/s:		
Surname:		
Cellphone number:		
Landline Number:	Code:	Number:
ID number:		
Passport number and Country of origin:		
Physical Address:		
	Code:	
Are you a working employer? (Are you actively working in the establishment?)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you wish to belong to the Sick Pay Fund?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you wish to belong to the Sick Pay Benefit Fund? (Cape Town / Natal)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you wish to belong to EOHCB?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Initial Here

Title:	
Name/s:	
Surname:	
Cellphone number:	
Landline Number:	Code: Number:
ID number:	
Passport number and Country of origin:	
Physical Address:	
	Code:
Are you a working employer? (Are you actively working in the establishment?)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you wish to belong to the Sick Pay Fund?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you wish to belong to the Sick Pay Benefit Fund? (Cape Town / Natal)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you wish to belong to EOHCBS?	YES <input type="checkbox"/> NO <input type="checkbox"/>

8. **IF NONE** of the above Legal Owner/s **WORK** in the Salon (as Working Employers) kindly **SUPPLY** us with the details **below** of the Person/Manager who is in **Day-to-Day Control** of the establishment.

Name and Surname of Manager/ Person in control	
Postal Address of Manager/ person in control	
Code:	
Tel No of Manager/ person in control	(W) Code.....Tel No..... (H) Code.....Tel No..... Cell :.....

E-mail address of Manager / Person in control	
---	--

9. Details of Bookkeeper / Accounting Officer

Full Name and Surname of Bookkeeper/ Accounting Officer	
Postal/ Physical Address of Bookkeeper/ Accounting Officer	
Code:	
Tel No of Bookkeeper/ Accounting Officer	(W) Code.....Tel No..... (H) Code.....Tel No..... Cell :.....
E-mail address of Bookkeeper/ Accounting Officer	

10. IS there a QUALIFIED (Hairdresser OR Cosmetologist OR T) working in the Establishment? _____

Initial Here

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 person **must** be employed and also that
- **NO** person/s may perform any act defined under hairdressing or cosmetology, or beauty or skincare in an establishment **UNLESS** he/she is qualified to practice either hairdressing OR cosmetology OR beauty OR skincare ; and that
- **NO** Learner/s OR Students may be contracted to train in your establishment **WITHOUT** proper supervision & training by a Qualified (Hairdresser/ Cosmetologist/ Therapist).

11. KINDLY ASSIST YOUR EMPLOYEES TO COMPLETE THE ATTACHED Annexure 1 (DETAILS OF ALL EMPLOYEES [STAFF] EMPLOYED BY YOUR ESTABLISHMENT).
- 12 I/WE HERewith GRANT MY/OUR APPROVAL THAT HCSBC MAY FULLY INVESTIGATE ANY SOURCE REGARDING THIS AGREEMENT.
- 13 I/WE FURHTER GRANT MY/OUR APPROVAL TO SUCH A SOURCE TO PROVIDE HCSBC WITH CONFIDENTIAL INFORMATION.

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

Initial Here

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

SIGNED ON THIS _____ (DAY) OF _____ (MONTH) 20 _____

PRINT NAMES IN FULL

Legal Owner/s SIGNATURE

PRINT NAMES IN FULL

Legal Owner/s SIGNATURE

PRINT NAMES IN FULL

Legal Owner/s SIGNATURE

PRINT NAMES IN FULL

Legal Owner/s SIGNATURE

PRINT NAMES IN FULL

Legal Owner/s SIGNATURE

ABOVE-SIGNED LEGAL OWNER/S OR RENT-A-CHAIRS TO ALSO INITIAL EACH PAGE OF THIS REGISTRATION APPLICATION.