

GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF EMPLOYMENT AND LABOUR

NO. R. 3317

21 April 2023

LABOUR RELATIONS ACT, 1995 REGULATIONS

REGULATIONS

The Minister of Employment and Labour has, under section 208 of the Labour Relations Act, 1995 (Act No. 66 of 1995) and after consultation with NEDLAC, made the regulations in the Schedule.

SCHEDULE

Definition

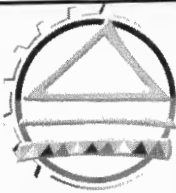
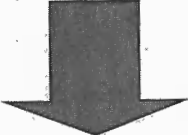
1. In these regulations "the Regulations" means the Regulations published under Government Notice No. R. 1016 of 19 December 2014.

Amendments of Regulations

2. The Regulations are hereby amended by replacing CCMA referral forms attached hereunder.

Section 208 of the Labour Relations Act empowers the Minister to make regulations regulating any matter that may or must be prescribed.

The following amended LRA Forms are hereby introduced and published."

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| <p>LRA Form 3.12 Section 38(3) Labour Relations Act, 1995</p> | <p>REFERRING PUBLIC SERVICE JURISDICTIONAL DISPUTES FOR CONCILIATION</p> | |  CCMA |
| <p>Read This First</p>  <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>If there is a dispute between two or more bargaining councils in the public service, including the PSCBC, the dispute must be referred to the CCMA in terms of Section 38 of the Labour Relations Act, 1995.</p> <p>WHERE DOES THIS FORM GO?</p> <p>To the CCMA National Office: 28 Harrison Street Johannesburg Private Bag X94 Marshalltown, 2107</p> <p>Tel: (011) 377 6650/01/00 E-Mail: ho@ccma.org.za</p> <p>OTHER PARTIES</p> <p>If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate piece of paper and attach details to this form.</p> | <p>1. PARTY REFERRING THE DISPUTE</p> <p>Name:</p> <p>Postal Address:</p> <p>Tel: Fax:</p> <p>Cell Number: E-Mail:</p> <p>Contact Person:</p> <p>Registration Number:</p> <p>2. DETAILS OF OTHER PARTY</p> <p>Name:</p> <p>Postal Address:</p> <p>Tel: Fax:</p> <p>Contact Person:</p> <p>Cell Number: E-Mail:</p> <p>Registration Number:</p> | | |
| | <p>Case Number</p> | <p>Please turn over →</p> | |

OTHER INSTRUCTIONS

A copy of this form must be served on the other party.

Proof that a copy of this form has been served on the other party must be supplied by attaching any of the following:

- A copy of a registered slip from the Post Office; or
- A copy of a signed receipt if hand delivered; or
- A signed statement confirming service by the person delivering the form; or
- A copy of a fax confirmation slip; or
- A copy of an e-mail confirmation slip or sent e-mail; or
- Any other satisfactory proof of service.

The CCMA may be requested to assist with service.

CHECK!

Have you sent a copy of this completed form to the other party?

Have you included proof that you have sent a copy to the other party with this form?

3. NATURE OF THE DISPUTE

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4. POPIA CONFIRMATION

By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.

5. CONFIRMATION OF ABOVE DETAILS

Form submitted by:

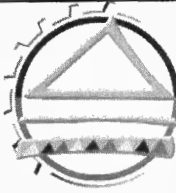
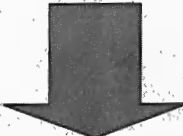
.....
(please print name)

Signature:


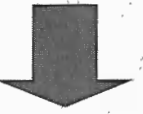
Position:

Date:.....

Place:.....

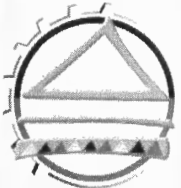
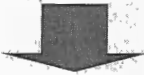
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| <p>LRA Form 3.13 Section 38(4) Labour Relations Act, 1995</p> | <p align="center">REFERRING PUBLIC SERVICE JURISDICTIONAL DISPUTES FOR ARBITRATION</p> |  CCMA |
| <p align="center">Read This First</p>  <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>If there is a dispute between two or more bargaining councils in the public service, including the PSCBC and the dispute has been referred for conciliation and is unresolved, any party may request the CCMA to arbitrate the dispute in terms of section 38(4) of the Labour Relations Act, 1995.</p> <p>WHO FILLS IN THIS FORM?</p> <p>Any party to the dispute.</p> <p>WHERE DOES THIS FORM GO?</p> <p>To the CCMA National Office: 28 Harrison Street Johannesburg Private Bag X94 Marshalltown 2107</p> <p>Tel: (011) 377 6650/01/00 E-Mail: ho@ccma.org.za</p> <p>OTHER PARTIES</p> <p>If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate piece of paper and attach details to this form.</p> | <p>1. PARTY REFERRING THE DISPUTE</p> <p>Name:</p> <p>Postal Address:</p> <p>Tel:..... Fax:.....</p> <p>Cell:.....E-Mail:.....</p> <p>Contact Person:</p> <p>Registration Number:</p> <p>2. DETAILS OF THE OTHER PARTY</p> <p>Name:</p> <p>Postal Address:</p> <p>Tel:..... Fax:.....</p> <p>Cell:.....E-Mail:.....</p> <p>Contact Person:</p> <p>Registration Number:</p> | |
| | <p>Case Number</p> | <p>Please turn over →</p> |

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| <p style="text-align: center;">OTHER INSTRUCTIONS</p> <p>A copy of this form must be served on the other party.</p> <p>Proof that a copy of this form has been served on the other party must be supplied by attaching any of the following:</p> <ul style="list-style-type: none"> ▪ A copy of a registered slip from the Post Office; or ▪ A copy of a signed receipt if hand delivered; or ▪ A signed statement confirming service by the person delivering the form; or ▪ A copy of a fax confirmation slip; or ▪ A copy of an e-mail confirmation slip or sent e-mail; or ▪ Any other satisfactory proof of service. <p>A copy of the certificate of outcome of the conciliation must be attached.</p> <p>The CCMA may be requested to assist with service.</p> <p style="text-align: center; margin-top: 20px;">CHECK!</p> <p>Have you sent a copy of this completed form to the other party? Have you included proof that you have sent a copy to the other party with this form?</p> | <p>3. NATURE OF THE DISPUTE</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>4. POPIA CONFIRMATION</p> <p>By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.</p> <p>5. CONFIRMATION OF ABOVE DETAILS</p> <p>Form submitted by:</p> <p>.....</p> <p style="text-align: center;">(please print name)</p> <p>Signature:</p> <p>Position:</p> <p>Date:</p> <p>Place:</p> |
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|---|---|--|
| <p style="text-align: center;">LRA Form 3.23 Section 62(1) Labour Relations Act, 1995</p> | <h2 style="margin: 0;">APPLICATION ABOUT DEMARCATIION DISPUTE</h2> |  CCMA |
| <p style="text-align: center;">Read This First</p> <div style="text-align: center; margin: 10px 0;">  </div> <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form is an application by a party to the CCMA to determine a demarcation dispute.</p> <p>The demarcation dispute could be-</p> <ol style="list-style-type: none"> a) whether any employees or employers work in a sector or area; b) whether any provision in an arbitration award, collective agreement or sectoral determination is or was binding on any employee, employer or class of employees or employers. <p>WHO FILLS IN THIS FORM?</p> <ul style="list-style-type: none"> ▪ Any registered trade union, ▪ Employee, ▪ Employer, ▪ Registered employers' organisation, or ▪ Council. <p>OTHER PARTIES</p> <p>If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate piece of paper and attach details to this form.</p> | <p>1. APPLICANT DETAILS</p> <p>Name:</p> <p>Postal Address:</p> <p>Tel:..... Fax:.....</p> <p>Cell:.....E-Mail:.....</p> <p>Contact Person:</p> <p>2. DETAILS OF OTHER PARTY(IES)</p> <p>Postal Address:</p> <p>Tel:..... Fax:.....</p> <p>Cell:.....E-Mail:.....</p> <p>Contact Person:</p> | |
| Case Number | | Please turn over → |

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| <p>NOTE!</p> <p>This matter will not be set down for conciliation, but for in limine proceeding. Where possible in limine issues will be dealt with. There is no need to bring witnesses to the in limine proceedings.</p> <p>OTHER INSTRUCTIONS</p> <p>A copy of this form must be served on the other party.</p> <p>Proof that a copy of this form has been served on the other party must be supplied by attaching any of the following:</p> <ul style="list-style-type: none"> ▪ A copy of a registered slip from the Post Office; or ▪ A copy of a signed receipt if hand delivered; or ▪ A signed statement confirming service by the person delivering the form; or ▪ A copy of a fax confirmation slip; or ▪ A copy of an e-mail confirmation slip or sent e-mail; or ▪ Any other satisfactory proof of service. <p>The CCMA may be requested to assist with service.</p> <p>Attach copies of relevant collective agreements and registration certificates of bargaining councils, if applicable.</p> <p>WHERE DOES THIS FORM GO?</p> <p>The Regional Office of the CCMA.</p> | <p>3. DETAILS OF SECTOR, INDUSTRY AND AREA INVOLVED IN THIS DEMARCATION APPLICATION</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>4. WHAT IS THE PRIMARY NATURE OF THE BUSINESS</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>5. UNDER WHAT BARGAINING COUNCIL DOES THE BUSINESS FALL, IF ANY</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>6. DESCRIPTION OF ISSUE(S) IN DISPUTE</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | | |
| <table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Case Number</td> <td style="width: 40%;">Please turn over →</td> </tr> </table> | | Case Number | Please turn over → |
| Case Number | Please turn over → | | |

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| <p>CHECK!</p> <p>Have you sent a copy of this completed form to the other party?</p> <p>Have you included proof that you have sent a copy to the other party with this form?</p> | <p>7. DEMARCATION SOUGHT</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>8. MOTIVATION FOR DETERMINATION SOUGHT</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>9. POPIA CONFIRMATION</p> <p>By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.</p> <p>10. CONFIRMATION OF ABOVE DETAILS</p> <p>Form submitted by:</p> <p>.....</p> <p style="text-align: center;">(please print name)</p> <p>Signature:.....</p> <p>Position:</p> <p>Date:</p> <p>Place:</p> |
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|---|---|--|--|
| <p>LRA Form 4.1 Section 69(6B) Labour Relations Act, 1995</p> | <p align="center">REQUEST TO ESTABLISH PICKETING RULES</p> | |  CCMA |
| <p align="center">Read This First</p> <p align="center"></p> <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form is a request by a party to the CCMA to establish picketing rules during a strike or lockout.</p> <p>WHO FILLS IN THIS FORM?</p> <p>A registered trade union</p> <p>WHERE DOES THIS FORM GO?</p> <p>The Regional Office of the CCMA.</p> <p>OTHER PARTIES</p> <p>If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate piece of paper and attach details to this form.</p> | <p>1. PARTY MAKING REQUEST</p> <p>Name:</p> <p>Postal Address:</p> <p>Tel:..... Fax:.....</p> <p>Cell:..... E-Mail:.....</p> <p>Contact Person:</p> <p>2. OTHER PARTY'S DETAILS, INCLUDING AFFECTED THIRD PARTIES</p> <p>Name:</p> <p>Postal Address:</p> <p>Tel:..... Fax:.....</p> <p>Cell:..... E-Mail:.....</p> <p>Contact Person:</p> <p>3. DETAILS OF REQUEST</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | | |
| <p>Case Number.....</p> | <p align="center">Please turn over</p> | | |

OTHER INSTRUCTIONS

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- A signed statement confirming service by the person delivering the form; or
- A copy of a fax confirmation slip; or
- A copy of an e-mail confirmation slip or sent e-mail; or
- Any other satisfactory proof of service.

The CCMA may be requested to assist with service.

4. ARE YOU REQUESTING THE CCMA TO DEAL WITH THIS MATTER URGENTLY?

Yes

☐

No

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If so, provide reasons

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5. PROVIDE DETAILS OF THE DISPUTE

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6. PROVIDE ANY PROPOSALS FOR SETTLEMENT OF THE DISPUTE

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7. POPIA CONFIRMATION

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8. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:

.....

(please print name)

Signature:.....

Position:.....

Date:.....

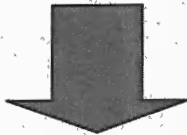
Place:.....

LRA Form 4.2
Section 73(1)
Labour Relations Act, 1995

REFERRING DISPUTES FOR DETERMINATION AS AN ESSENTIAL SERVICE



Read This First



WHAT IS THE PURPOSE OF THIS FORM?

This form is a referral to the Essential Services Committee for a determination that a service is an essential service or that a person works in an essential service.

An 'essential' service means a service, which, if interrupted, would endanger the life or health of people.

WHO FILLS IN THIS FORM?

Any party to the dispute.

OTHER PARTIES

If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate page and attach to this form.

1. APPLICANT DETAILS

Name:

Postal Address:

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Tel:..... Fax:.....

Cell:..... E-Mail:

Contact Person:

2. DETAILS OF THE OTHER PARTY (including trade unions organising in the sector or workplace and/or parties that may have an interest in the matter)

Name:

Postal Address:

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Tel:..... Fax:.....

Cell:..... E-Mail:

Contact Person:

3. DESCRIPTION OF ISSUE(S) IN DISPUTE

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Case Number

Please turn over

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|---|--|
| <p>WHERE DOES THIS FORM GO?</p> <p>Essential Services Committee c/o CCMA 28 Harrison Street Johannesburg, 2001 Private Bag X94 Marshalltown, 2107</p> <p>Tel: (011) 377-6645/6953/6996 E-Mail: esc@CCMA.org.za</p> <p>OTHER INSTRUCTIONS</p> <p>A motivation for the determination sought must be attached to this form. This may include the reasons why the service is or is not essential, or whether any person does or does not work in an essential service.</p> <p>A copy of this form must be served on the other party.</p> <p>Proof that a copy of this form has been served on the other party must be supplied by attaching any of the following:</p> <ul style="list-style-type: none"> ▪ A copy of a registered slip from the Post Office; or ▪ A copy of a signed receipt if hand delivered; or ▪ A signed statement confirming service by the person delivering the form; or ▪ A copy of a fax confirmation slip; or ▪ A copy of an e-mail confirmation slip or sent e-mail; or ▪ Any other satisfactory proof of service <p>The ESC may be requested to assist with service.</p> | <p>4. DETERMINATION SOUGHT</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>5. POPIA CONFIRMATION</p> <p>By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the ESC (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the ESC must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.</p> <p>6. CONFIRMATION OF ABOVE DETAILS:</p> <p>Form submitted by:</p> <p>.....</p> <p style="text-align: center;">(please print name)</p> <p>Signature:</p> <p>Position:</p> <p>Date:</p> <p>Place:</p> |
|---|--|

This gazette is also available free online at www.gpwonline.co.za

WHERE DOES THIS FORM GO?

Essential Services Committee
c/o CCMA
28 Harrison Street
Johannesburg, 2001
Private Bag X94
Marshalltown, 2107

Tel: (011) 377-6645/6953/6996

E-Mail: esc@ccma.org.za

OTHER INSTRUCTIONS

A copy of this form must be served on the other party.

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- A copy of a signed receipt if hand delivered; or
- A signed statement confirming service by the person delivering the form; or
- A copy of a fax confirmation slip; or
- A copy of an e-mail confirmation slip or sent e-mail; or
- Any other satisfactory proof of service

4. DETERMINATION SOUGHT

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5. POPIA CONFIRMATION

By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the ESC (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the ESC must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.

6. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:

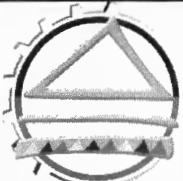
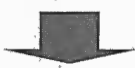
.....
(please print name)

Signature:

Position:

Date:

Place:

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|--|--|---------------------------|--|
| <p>LRA Form 4.3 Section 75(2) Labour Relations Act, 1995</p> | <p align="center">EMPLOYER APPLIES FOR MAINTENANCE SERVICE DETERMINATION</p> | |  CCMA |
| <p align="center">Read This First</p> <p align="center"></p> <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form is an application, by an employer, to the Essential Services Committee for a determination that the whole, or part of the employer's business, is a maintenance service.</p> <p>A service is a maintenance service if the interruption of that service has the effect of material or physical destruction to any working area, factory or machinery.</p> <p>WHO FILLS IN THIS FORM?</p> <p>An employer.</p> <p>WHERE DOES THIS FORM GO?</p> <p>Essential Services Committee c/o CCMA 28 Harrison Street Johannesburg, 2001 Private Bag X94 Marshalltown, 2107</p> <p>Tel: (011) 377-6645/6953/6996 E-Mail: esc@CCMA.org.za</p> <p>OTHER PARTIES</p> <p>If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate page and attach to this form.</p> | <p>1. EMPLOYER DETAILS</p> <p>Name:</p> <p>Postal Address:</p> <p>.....</p> <p>Tel:..... Fax:.....</p> <p>Cell:..... E-Mail:</p> <p>Contact Person:</p> <p>2. OTHER PARTY DETAILS (including trade unions organising in the sector or workplace)</p> <p>Name:</p> <p>Postal Address:</p> <p>.....</p> <p>Tel:..... Fax:.....</p> <p>Cell:..... E-Mail:</p> <p>Contact Person:</p> <p>3. DESCRIPTION OF MAINTENANCE SERVICES</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | | |
| <p>Case Number</p> | | <p>Please turn over →</p> | |

OTHER INSTRUCTIONS

- Any other interested parties may, within 21 days of receipt of this application, send a response to the Essential Services Committee. A copy of this form must be served on the other party. Proof that a copy of this form has been served on the other party must be supplied by attaching any of the following:
- A copy of a registered slip from the Post Office; or
- A copy of a signed receipt if hand delivered; or
- A signed statement confirming service by the person delivering the form; or
- A copy of a fax confirmation slip; or
- A copy of an e-mail confirmation slip or sent e-mail; or
- Any other satisfactory proof of service.

The ESC may be requested to assist with service.

CHECK!

Have you sent a copy of this completed form to the other party?
Have you included proof that you have sent a copy to the other party with this form?

4. DETERMINATION SOUGHT

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5. MOTIVATION FOR DETERMINATION SOUGHT (Use additional paper if necessary)

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6. NUMBER OF EMPLOYEES -

engaged in the maintenance service

not engaged in the maintenance service

7. POPIA CONFIRMATION

By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the ESC (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the ESC must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.

8. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:

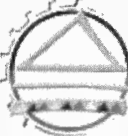
.....
 (please print name)

Signature:

Position:

Date:

Place:

| | | |
|--|--|--|
| <p style="text-align: center;">LRA Form 4.6 Labour Relations Act, 1995</p> | <h2 style="margin: 0;">SUBPOENA BY ESSENTIAL SERVICE COMMITTEE</h2> |  CCMA |
| <p>The following MUST be attached to a request for a subpoena:</p> <p>(a) motivation for the application</p> <p style="padding-left: 20px;">and</p> <p>(b) proof that witness fees, travelling costs and subsistence expenses have been paid.</p> <p>(Name of Subpoenaed Person)</p> <p style="text-align: center;">NOTE!</p> <p>This Form together with the motivation and proof of payment of the witness fees, travelling costs and subsistence expenses must be submitted to the ESC at least fourteen (14) days prior to the date of the hearing.</p> <p style="text-align: center;">WHERE MUST THE FORM GO?</p> <p>Essential Services Committee c/o CCMA 28 Harrison Street Johannesburg, 2001 Private Bag X94 Marshalltown, 2107</p> <p>Tel: (011) 377-6645/6953/6996 E-mail: esc@ccma.org.za</p> | <p style="text-align: center;">SUBPOENA IN TERMS OF THE ESSENTIAL SERVICES COMMITTEE REGULATIONS</p> <p>To:</p> <p>..... (Name of Subpoenaed Person)</p> <p>..... (Organisation of Subpoenaed Person)</p> <p>..... (Address of Subpoenaed Person)</p> <p>A Panel has been appointed to resolve a dispute in terms of the Labour Relations Act 66 of 1995.</p> <p>ESC Case number:</p> <p>The matter between –</p> <p>..... (Names of Parties)</p> <p>..... (Issue of Disputes)</p> <p>You are required in terms of the Regulations to appear before the Panel at</p> <p>..... (Address where hearing is being held)</p> <p>on at</p> <p style="text-align: center;">(Date of Hearing) (Time of Hearing)</p> <p>You are subpoenaed-</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <p>for questioning</p> <p>to produce any book, document, visual footage or object</p> <p>to give expert evidence in terms of Section 142(1)(c)</p> </div> </div> <p style="text-align: center;">(Tick appropriate block)</p> | |
| <p>Case Number</p> | | <p>Please turn over →</p> |

Compliance with the Protection of Personal Information Act 4 of 2013 (POPIA)

The personal information that is recorded in this Subpoena may only be utilised for purposes set out in the Labour Relations Act and Regulations issued by the Essential Services Committee.

(Address of Subpoenaed Person)

(Names of Parties)

(Issue of Dispute)

You must bring and produce the books, documents, visual footages or objects listed below:

.....
(List books, documents and objects)

☐ The party requesting the subpoena has been directed to furnish you with the first day witness fees together with the reasonable travelling costs and subsistence expenses to attend the hearing.

.....
(Signed by ESC Chairperson/Deputy Chairperson)

.....
(Date and CCMA Stamp)

.....
(Print name)

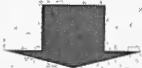
.....
(Place)

LRA Form 4.7
Section 70B(2)
Labour Relations Act, 1995

BARGAINING COUNCIL REQUEST FOR ESSENTIAL SERVICE INVESTIGATION



READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

This form is a request by a bargaining council to the Essential Services Committee to conduct an investigation as to whether the whole or part of any service is an essential service.

An essential service means a service, which, if interrupted, would endanger the life or health of people.

WHO FILLS IN THIS FORM?

The General Secretary of the Bargaining Council.

WHERE DOES THIS FORM GO?

Essential Services Committee:
c/o CCMA
28 Harrison Street
Johannesburg 2001
Private Bag X94
Marshalltown, 2107
Tel: (011) 377 6645/6953/6996
E-mail: esc@CCMA.org.za

OTHER INSTRUCTIONS

A copy of the current certificate of accreditation must be attached to this form.

CHECK!

Have you attached your current certificate of accreditation?

1. BARGAINING COUNCIL'S DETAILS

Name.....

Postal Address

Tel:..... Fax:

Cell: E-Mail:

Contact Person

Registration Number:

2. DETAILS OF SERVICE TO BE INVESTIGATED (Use additional paper if necessary)

If an investigation is required only for part(s) of the service, state which part(s)

3. DOES THE SERVICE FALL WITHIN THE JURISDICTION OF THE COUNCIL? GIVE DETAILS (Use additional paper if necessary)

Case Number.....

Please turn over →

4. POPIA CONFIRMATION

By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the ESC (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the ESC must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.

5. CONFIRMATION OF ABOVE DETAILS

Form submitted by:

.....
(please print name)

Signature:

Position:

Date:

Place:

This gazette is also available free online at **www.gpwonline.co.za**

WHERE DOES THIS FORM GO?

Essential Services Committee
c/o CCMA
28 Harrison Street
Johannesburg, 2001
Private Bag X94
Marshalltown, 2107

Tel: (011) 377-6645/6953/6996
E-mail: esc@CCMA.org.za

OTHER INSTRUCTIONS

In completing this form a party must give due consideration to the ESC regulations.

A motivation for the determination sought must be attached to this form. This may include the reasons why the service is or is not essential, or whether any person does or does not work in an essential service.

A copy of this form must be served on the other party.

Proof that a copy of this form has been served on the other party must be supplied by attaching any of the following:

- A copy of a registered slip from the Post Office; or
- A copy of a signed receipt if hand delivered; or
- A signed statement confirming service by the person delivering the form; or
- A copy of a fax confirmation slip; or
- A copy of an e-mail confirmation slip or sent e-mail; or
- Any other satisfactory proof of service

4. DETERMINATION SOUGHT**5. POPIA CONFIRMATION**

By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the ESC (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the ESC must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.

6. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:

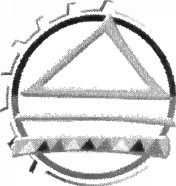
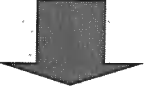
(please print name)

Signature:

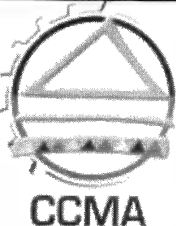
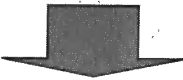
Position:

Date:

Place:

| | | | |
|--|---|---------------------------|--|
| <p>LRA form 4.8 Section 72 Labour Relations Act, 1995</p> | <p align="center">REQUEST FOR RATIFICATION OF A MINIMUM SERVICE AGREEMENT</p> | |  CCMA |
| <p align="center">READ THIS FIRST</p> <p align="center"></p> <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form is a request to the Essential Services Committee to ratify any collective agreement that provides for the maintenance of minimum services in a service designated as an essential service.</p> <p>WHO FILLS IN THIS FORM?</p> <p>Representatives of the parties to the collective agreement.</p> <p>WHERE DOES THIS FORM GO?</p> <p>Essential Services Committee 28 Harrison Street Johannesburg 2001 Private Bag X94 Marshalltown, 2107 Tel: 011 377 6645/6953/6996 E-mail: esc@CCMA.org.za</p> <p>OTHER INSTRUCTIONS</p> <p>A copy of the minimum service agreement must accompany this form.</p> | <p>1. DETAILS OF THE PARTIES TO THE AGREEMENT (Use additional paper if necessary)</p> <p>EMPLOYER PARTIES</p> <p>Name:.....</p> <p>Postal Address:.....</p> <p>Tel:..... Fax:</p> <p>Cell: E-Mail:</p> <p>Contact Person:.....</p> <p>TRADE UNION PARTIES</p> <p>Name:.....</p> <p>Postal Address:.....</p> <p>Tel:..... Fax:</p> <p>Cell: E-Mail:</p> <p>Contact Person:.....</p> <p>Registration Number(s):.....</p> | | |
| <p>Case Number.....</p> | | <p>Please turn over →</p> | |

| | | | |
|--|--|--|---|
| <p style="text-align: center;">CHECK</p> <p>Have you attached a copy of the agreement?</p> | <p>2. IS THIS REQUEST URGENT?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, explain why it is urgent.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>3. POPIA CONFIRMATION</p> <p>By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the ESC (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the ESC must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.</p> <p>4. SIGNATORIES (Use additional paper if necessary)</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Employer Parties</p> <p>Name.....</p> <p>Signature:.....</p> <p>Position:.....</p> <p>Date:.....</p> <p>Tel:.....</p> <p>Fax:.....</p> <p>E-Mail</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Trade Union Party</p> <p>Name.....</p> <p>Signature:.....</p> <p>Position:.....</p> <p>Date:.....</p> <p>Tel:.....</p> <p>Fax:.....</p> <p>E-Mail</p> </td> </tr> </table> <p>Trade Union Party</p> <p>Name.....</p> <p>Signature:.....</p> <p>Position:.....</p> <p>Date:.....</p> <p>Tel:.....</p> <p>Fax:.....</p> <p>E-Mail</p> | <p>Employer Parties</p> <p>Name.....</p> <p>Signature:.....</p> <p>Position:.....</p> <p>Date:.....</p> <p>Tel:.....</p> <p>Fax:.....</p> <p>E-Mail</p> | <p>Trade Union Party</p> <p>Name.....</p> <p>Signature:.....</p> <p>Position:.....</p> <p>Date:.....</p> <p>Tel:.....</p> <p>Fax:.....</p> <p>E-Mail</p> |
| <p>Employer Parties</p> <p>Name.....</p> <p>Signature:.....</p> <p>Position:.....</p> <p>Date:.....</p> <p>Tel:.....</p> <p>Fax:.....</p> <p>E-Mail</p> | <p>Trade Union Party</p> <p>Name.....</p> <p>Signature:.....</p> <p>Position:.....</p> <p>Date:.....</p> <p>Tel:.....</p> <p>Fax:.....</p> <p>E-Mail</p> | | |

| | | | |
|--|--|--|---|
| <p>LRA Form 4.8A Section 73(1) Labour Relations Act, 1995</p> | <p align="center">REFERRING DISPUTES FOR CONCLUSION OF A COLLECTIVE AGREEMENT PROVIDING FOR A MINIMUM SERVICE AGREEMENT</p> | |  |
| <p align="center">Read This First</p> <p align="center"></p> <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form is a referral to the Essential Services Committee for a determination on whether a collective agreement should be concluded that provides for maintenance of minimum services in essential services and the terms of such agreements.</p> <p>WHO FILLS IN THIS FORM?</p> <p>Any party to the dispute.</p> <p>OTHER PARTIES</p> <p>If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate page and attach to this form.</p> | <p>1. APPLICANT DETAILS</p> <p>Name:</p> <p>Postal Address:</p> <p>.....</p> <p>Tel: Fax:</p> <p>Cell: E-Mail:</p> <p>Contact Person:</p> <p>2. DETAILS OF THE OTHER PARTY (including trade unions organising in the sector or workplace and/or parties that may have an interest in the matter)</p> <p>Name:</p> <p>Postal Address:</p> <p>.....</p> <p>Tel: Fax:</p> <p>Cell: E-Mail:</p> <p>Contact Person:</p> <p>3. DESCRIPTION OF ISSUE(S) IN DISPUTE</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | | |
| <p>Case Number.....</p> | <p>Please turn over →</p> | | |

WHERE DOES THIS FORM GO?

Essential Services Committee
c/o CCMA
28 Harrison Street
Johannesburg, 2001
Private Bag X94
Marshalltown, 2107

Tel: (011) 377-6645/6953/6996
E-mail: esc@CCMA.org.za

OTHER INSTRUCTIONS

A motivation for the determination sought must be attached to this form. This includes the reasons why a collective agreement should be concluded.

A copy of this form must be served on the other party.

Proof that a copy of this form has been served on the other party must be supplied by attaching any of the following:

- A copy of a registered slip from the Post Office; or
- A copy of a signed receipt if hand delivered; or
- A signed statement confirming service by the person delivering the form; or
- A copy of a fax confirmation slip; or
- A copy of an e-mail confirmation slip or sent e-mail; or
- Any other satisfactory proof of service

The ESC may be requested to assist with service.

4. DETERMINATION SOUGHT

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5. TERMS OF PROPOSED AGREEMENT

.....

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.....

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6. POPIA CONFIRMATION

By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the ESC (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the ESC must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.

7. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:

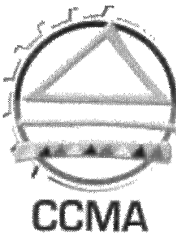
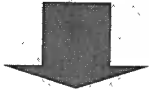
.....
(please print name)

Signature:

Position:

Date:

Place:

| | | | |
|---|--|---------------------------|---|
| <p>LRA form 4.8B Section 72(2) Labour Relations Act, 1995</p> | <p align="center">REQUEST FOR THE DETERMINATION OF MINIMUM NUMBERS TO BE MAINTAINED DURING STRIKE ACTION</p> | |  |
| <p align="center">READ THIS FIRST</p> <p align="center"></p> <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form is a request to the Essential Services Committee (ESC) to determine minimum numbers to be maintained during strike action.</p> <p>WHO FILLS IN THIS FORM?</p> <p>Representatives of the parties.</p> <p>WHERE DOES THIS FORM GO?</p> <p>Essential Services Committee</p> <p>28 Harrison Street Johannesburg 2001 Private Bag X94 Marshalltown, 2107</p> <p>Tel: 011 377 6645/6953/6996</p> <p>E-mail: esc@CCMA.org.za</p> <p>OTHER INSTRUCTIONS</p> <p>A copy of this referral form must be served on the other party/parties and proof of such service must be attached to the form when submitting it to the ESC.</p> | <p>1. DETAILS OF THE REFERRING PARTY / PARTIES</p> <p>(Use additional paper if necessary)</p> <p>First Party</p> <p>Name:.....</p> <p>Postal Address:.....</p> <p>.....</p> <p>Tel:..... Fax:</p> <p>Cell: E-Mail:</p> <p>Contact Person:.....</p> <p>Second Party</p> <p>Name:.....</p> <p>Postal Address:.....</p> <p>.....</p> <p>Tel:..... Fax:</p> <p>Cell: E-Mail:</p> <p>Contact Person:.....</p> <p>2. DETAILS OF THE OTHER PARTY / PARTIES</p> <p>First Party</p> <p>Name</p> <p>Postal Address</p> <p>.....</p> <p>Tel:.....Fax:</p> <p>Cell: E-Mail:</p> <p>Contact Person</p> <p>Registration Number(s):.....</p> | | |
| <p>Case Number.....</p> | | <p>Please turn over →</p> | |

PLEASE NOTE:

In terms of section 69(6C) no picket in support of a protected strike or in opposition to a lock-out may take place unless picketing rules are agreed to in a collective agreement binding on the trade union, or in an agreement facilitated by the conciliating commissioner, or if picketing rules have been determined by the conciliating commissioner.

Second Party

Name

Postal Address

Tel: Fax:

Cell: E-Mail:

Contact Person

Registration Number(s):

3. IS THIS REQUEST URGENT?Yes ☐No ☐

If yes, explain why it is urgent.....

4. BRIEFLY SET OUT THE PROCESS THAT WAS FOLLOWED PRIOR TO REFERRING THIS MATTER TO THE ESSENTIAL SERVICES COMMITTEE**5. POPIA CONFIRMATION**

By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the ESC (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the ESC must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.

6. SIGNATORIES

(Use additional paper if necessary)

Employer Parties

Name

Signature:

Position:

Date:

Tel:

Fax:

E-Mail:

Trade Union Party

Name

Signature:

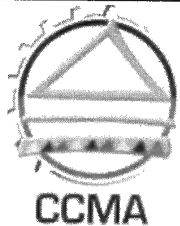
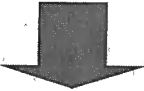
Position:

Date:

Tel:

Fax:

E-Mail

| | | | |
|---|--|---------------------------|---|
| <p>LRA form 4.8C Section 72(4) Labour Relations Act, 1995</p> | <p>APPLICATION TO VARY OR REVOKE A MINIMUM SERVICE DETERMINATION</p> | |  |
| <p>READ THIS FIRST</p> <p></p> <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form is a request to the Essential Services Committee (ESC) to vary or revoke a minimum service determination.</p> <p>WHO FILLS IN THIS FORM?</p> <p>Representatives of the parties.</p> <p>WHERE DOES THIS FORM GO?</p> <p>Essential Services Committee 28 Harrison Street Johannesburg 2001 Private Bag X94 Marshalltown, 2107 Tel: 011 377 6645/6953/6996 E-Mail: esc@CCMA.org.za</p> <p>OTHER INSTRUCTIONS</p> <p>A copy of this referral form must be served on the other party/parties and proof of such service must be attached to the form when submitting it to the ESC.</p> | <p>1. DETAILS OF THE REFERRING PARTY / PARTIES</p> <p>(Use additional paper if necessary)</p> <p>First Party Name: Postal Address: Tel: Fax: Cell: E-Mail: Contact Person:</p> <p>Second Party Name: Postal Address: Tel: Fax: Cell: E-Mail: Contact Person:</p> <p>2. DETAILS OF THE OTHER PARTY / PARTIES</p> <p>First Party Name Postal Address Tel: Fax: Cell: E-Mail: Contact Person Registration Number(s):</p> | | |
| | <p>Case Number</p> | <p>Please turn over →</p> | |

| | | | |
|---|---|-------------------|--------------------|
| <p>An example of a reason may be a change to a referring party's organogram</p> | <p>Second Party</p> <p>Name</p> <p>Postal Address</p> <p>.....</p> <p>Tel:..... Fax:</p> <p>Cell: E-Mail:</p> <p>Contact Person</p> <p>Registration Number(s):.....</p> <p>3. IS THIS REQUEST URGENT?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, explain why it is urgent.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>4. BRIEFLY SET OUT THE REASON FOR THE REQUEST TO VARY OR REVOKE A MINIMUM SERVICE DETERMINATION</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>5. BRIEFLY STATE THE DESIRED OUTCOME FROM THIS APPLICATION</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Case Number</td> <td style="width: 40%; padding: 5px;">Please turn over →</td> </tr> </table> | Case Number | Please turn over → |
| Case Number | Please turn over → | | |

6. POPIA CONFIRMATION

By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the ESC (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the ESC must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.

7. SIGNATORIES (Use additional paper if necessary)**Referring Party (1)****Referring Party (2) where applicable**

Name.....

Name.....

Signature:.....

Signature:.....

Position:.....

Position:.....

Date:.....

Date:.....

Tel:.....

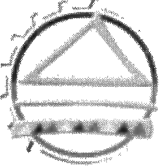

Tel:.....

Fax:.....

Fax:.....

E-Mail

E-Mail

| | | | |
|---|---|--|--|
| <p>LRA Form 5.1 Section 80(2) Labour Relations Act, 1995</p> | <p align="center">REPRESENTATIVE TRADE UNION APPLIES TO ESTABLISH A WORKPLACE FORUM</p> | |  CCMA |
| <p align="center">Read This First</p> <p align="center"></p> <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form is an application by one or more representative trade unions for the establishment of a workplace forum.</p> <p>A workplace forum may be established in any workplace with more than 100 employees. This number excludes senior managerial employees.</p> <p>An application may only be made if there is no existing workplace forum established in terms of the Act.</p> <p>WHO FILLS IN THIS FORM?</p> <p>A representative trade union.</p> <p>OTHER PARTIES</p> <p>If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate page and attach to this form.</p> <p>WHERE DOES THIS FORM GO?</p> <p>The Regional Office of the CCMA.</p> | <p>1. TRADE UNION DETAILS</p> <p>Name:</p> <p>Postal Address:</p> <p>Tel: Fax:</p> <p>Cell: E-Mail:</p> <p>Contact Person (Trade Union):</p> <p>Contact Person (Representative at Workplace):</p> <p>Cell Number: E-Mail:</p> <p>Registration Number:</p> <p>2. EMPLOYER DETAILS</p> <p>Name:</p> <p>Postal Address:</p> <p>Tel: Fax:</p> <p>Cell: E-Mail:</p> <p>Contact Person:</p> | | |
| <p>Case Number</p> | <p>Please turn over →</p> | | |

OTHER INSTRUCTIONS

A copy of this form must be served on the other party.

Proof that a copy of this form has been served on the other party must be supplied by attaching any of the following:

- A copy of a registered slip from the Post Office; or
- A copy of a signed receipt if hand delivered; or
- A signed statement confirming service by the person delivering the form; or
- A copy of a fax confirmation slip; or
- A copy of an e-mail confirmation slip or sent e-mail; or
- Any other satisfactory proof of service.

The CCMA may be requested to assist with service.

CHECK!

Have you sent a copy of this completed form to the other party?

Have you included proof of service?

Have you attached any extra information?

3. WORKPLACE DETAILS

a. Description and address:

.....

b. Number of employees (excluding senior managerial employees) at the workplace:

.....

c. Number of members of applicant trade unions at the workplace:.....

d. Number of members of applicant trade union at the workplace:.....

e. Describe the nature of the work or activities conducted in the workplace:.....

f. Is there an existing workplace forum in the workplace, if so please provide details of this workplace forum?.....

4. SECTOR

Indicate the sector or service in which the dispute arose.

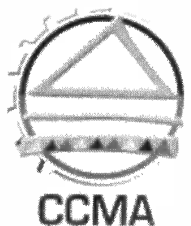
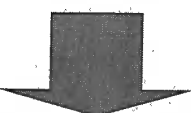

- | | |
|---|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Safety/Security (Private) |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Domestic |
| <input type="checkbox"/> Building & Construction | <input type="checkbox"/> Food & Beverage |
| <input type="checkbox"/> Business/Professional Services | <input type="checkbox"/> Transport (Private) |
| <input type="checkbox"/> Agriculture/Farming | |
| <input type="checkbox"/> Other | |

Date:.....Place:.....

Case Number.....

Please turn over →

| | |
|--|---|
| <p style="text-align: center;">CHECK!</p> <p>Have you sent a copy of this completed form to the other party?</p> <p>Have you included proof (that you have sent a copy to the other party with this form?</p> | <p>5. POPIA CONFIRMATION</p> <p>By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.</p> <p>6. CONFIRMATION OF ABOVE DETAILS</p> <p>Form submitted by:</p> <p>.....</p> <p style="text-align: center;">(please print name)</p> <p>Signature:</p> <p>Position:</p> <p>Date:.....</p> <p>Place:.....</p> |
|--|---|

| | | |
|--|--|---|
| <p>LRA Form 5.2 Section 81(1) Labour Relations Act, 1995</p> | <p align="center">REPRESENTATIVE TRADE UNION APPLIES TO ESTABLISH A TRADE UNION BASED WORKPLACE FORUM</p> |  |
| <p align="center">Read This First</p> <p align="center"></p> <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form is an application by one or more trade unions, which are recognised by an employer for the purposes of collective bargaining to represent all employees (except senior managerial employees), for the establishment of a workplace forum. An application may only be made if there is no existing forum established in terms of the Act.</p> <p>WHO FILLS IN THIS FORM?</p> <p>A representative trade union.</p> <p>OTHER PARTIES</p> <p>If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate page and attach to this form.</p> <p>WHERE DOES THIS FORM GO?</p> <p>The Regional Office of the CCMA.</p> | <p>1. TRADE UNION DETAILS</p> <p>Name:.....</p> <p>Postal Address:.....</p> <p>Tel:Fax:.....</p> <p>Cell:.....E-Mail:.....</p> <p>Contact Person (Trade Union):.....</p> <p>Contact Person (Representative at Workplace):</p> <p>Cell:.....E-Mail:.....</p> <p>Registration Number:.....</p> <p>2. EMPLOYER DETAILS</p> <p>Name:.....</p> <p>Postal Address:.....</p> <p>Tel:Fax:.....</p> <p>Cell:.....E-Mail:.....</p> <p>Contact Person:.....</p> | |
| <p>Case Number.....</p> | <p>Please turn over </p> | |

OTHER INSTRUCTIONS

The union must attach a certified copy of the collective agreement which shows recognition.

A copy of this form must be served on the other party.

Proof that a copy of this form has been served on the other party must be supplied by attaching any of the following:

- A copy of a registered slip from the Post Office; or
- A copy of a signed receipt if hand delivered; or
- A signed statement confirming service by the person delivering the form; or
- A copy of a fax confirmation slip; or
- A copy of an e-mail confirmation slip or sent e-mail; or
- Any other satisfactory proof of service.

The CCMA may be requested to assist with service.

CHECK!

Have you sent a copy of this completed form to the other party?

Have you included proof of service?

Have you attached a certified copy of the collective agreement that shows that the trade union/s is recognised?

3. WORKPLACE DETAILS**a. Description and Address:**

.....

b. Number of employees (excluding senior managerial employees) at the workplace:**c. Number of members of applicant trade unions at the workplace:.....****d. Number of members of applicant union's at the workplace:****e. Describe the nature of the work or activities conducted in the workplace:.....****f. Is there an existing workplace forum in the workplace?.....****4. SECTOR**

Indicate the sector or service in which the dispute arose.

- | | |
|---|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Safety/Security (Private) |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Domestic |
| <input type="checkbox"/> Building & Construction | <input type="checkbox"/> Food & Beverage |
| <input type="checkbox"/> Business/Professional Services | <input type="checkbox"/> Transport (Private) |
| <input type="checkbox"/> Agriculture/Farming | |
| <input type="checkbox"/> Other | |

CHECK!

Have you sent a copy of this completed form to the other party?
Have you included proof (that you have sent a copy to the other party with this form?

5. POPIA CONFIRMATION

By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.

6. CONFIRMATION OF ABOVE DETAILS

Form submitted by:

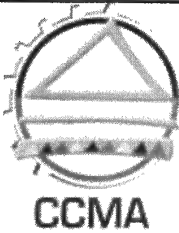
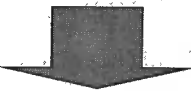
.....
(please print name)

Signature:

Position:

Date:

Place:

| | | | |
|---|---|---------------------------|---|
| <p>LRA Form 7.1 Section 127(1) Labour Relations Act, 1995</p> | <p align="center">COUNCIL APPLIES FOR ACCREDITATION/RENEWAL OF ACCREDITATION</p> | |  |
| <p align="center">Read This First</p> <p align="center"></p> <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form is an application by a Council to the Governing Body of the CCMA for accreditation to perform various dispute resolution functions.</p> <p>WHO FILLS IN THIS FORM?</p> <p>The General Secretary of the Council.</p> <p>WHERE DOES THIS FORM GO?</p> <p>Governing Body c/o Councils and Agencies Department 28 Harrison Street Johannesburg, 2001 Private Bag X94 Marshalltown, 2107 Tel: (011) 377-6650 E-mail: Accreditationapplications@CCMA.org.za</p> | <p>1. COUNCIL DETAILS</p> <p>Name of Council:</p> <p>Physical Address:</p> <p>Tel:.....Fax:.....</p> <p>Cell:.....E-Mail:</p> <p>Contact Person:</p> <p>Registration Number of Council:</p> <p>2. ACCREDITATION IS SOUGHT FOR THE FOLLOWING DISPUTE RESOLUTION FUNCTIONS</p> <p>Conciliation <input type="checkbox"/></p> <p>Arbitration <input type="checkbox"/></p> <p>Inquiry by arbitrator(188A) <input type="checkbox"/></p> <p>3. DETAILS OF ACCREDITED AGENCY APPOINTED BY COUNCIL (if any)</p> <p>Name of Accredited Agency:</p> <p>Physical Address:</p> <p>Tel:.....Fax:</p> <p>Cell:.....E-Mail:</p> <p>Contact Person:</p> | | |
| <p>Case Number</p> | | <p>Please turn over →</p> | |

| | |
|--|--|
| <p>OTHER INSTRUCTIONS</p> <p>A copy of the certificate of registration, a motivation for accreditation and the Council's code of conduct must be attached to this form.</p> <p>CHECK!</p> <p>Have you attached to this form:</p> <ul style="list-style-type: none"> ▪ a copy of the Council's certificate of registration ▪ a copy of the Council's main collective agreement ▪ a copy or copies of the collective agreement(s) dealing with council administration, expenses and dispute resolution processes ▪ details of the parties to the Council ▪ a motivation for accreditation ▪ a copy of the Constitution of Council ▪ the Council's Code of Conduct ▪ a copy of the list of Council's panellists | <p>The scope of the appointment including categories of dispute:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>The council may appoint another accredited agency in terms of section 51(6) of the LRA to perform some of its function. If this council wants to appoint another accredited agency its details must be included. The scope of the appointment in terms of area, type of function and categories of dispute must also be included.</p> <p>4. THERE ARE 7 ACCREDITATION CRITERIA TO BE MET.</p> <p>4.1 The extent to which the services provided by the applicant will meet the commission's standards.</p> <p>4.2 The ability of the applicant to conduct its activities effectively.</p> <p>4.3 The independence of the persons appointed by the applicant to perform the functions.</p> <p>4.4 Details regarding the competence of the persons appointed by the applicant to perform the functions.</p> <p>4.5 Details regarding the applicant's code of conduct to govern the persons appointed to perform the functions.</p> <p>4.6 Details regarding the disciplinary procedures used by the applicant to ensure subscription and adherence to the code of conduct.</p> <p>4.7 Proof that the applicant promotes a service that is broadly representative of South African society.</p> <p>5. PARTIES TO THE COUNCIL</p> <p>A list of the employers, employer organisations, registered trade unions or trade union federations that are parties to the Council must be attached to this form.</p> |
| <p>Case Number</p> | <p>Please turn over →</p> |

CHECK!

Have you sent a copy of this completed form to the other party?

Have you included proof (that you have sent a copy to the other party with this form?

6. MOTIVATION

- (a) Prepare a motivation for the Governing Body of the CCMA, which deals with the issues raised in section 127(4) of the LRA with reference to the 7 accreditation criteria.
- (b) Provide information on –
- information relating to the conciliators and arbitrators (furnish the names of the individuals the applicant proposes using as dispute resolvers, along with particulars of each individual's qualifications, training and experience; supply details, if applicable, of the steps the applicant is taking to promote a service comprising practitioners broadly representative of South African society);
 - training (supply details of initial and ongoing training, or training opportunities, available to conciliators and arbitrator); and
 - those sections of Part C of Chapter 7 of the LRA which the applicant believes should not be made applicable to it - see section 127(6). Please motivate.

7. POPIA CONFIRMATION

By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.

8. CONFIRMATION OF ABOVE DETAILS

Form submitted by:

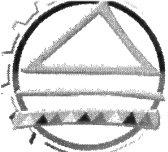
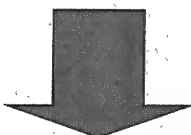
.....
(please print name)

Signature:

Position:

Date:.....

Place:.....

| | | |
|--|--|--|
| <p>LRA Form 7.2 Section 127(1) Labour Relations Act, 1995</p> | <p>PRIVATE AGENCY APPLIES FOR ACCREDITATION/RENEWAL OF ACCREDITATION</p> |  CCMA |
| <p>Read This First</p>  <p>The Governing Body of the CCMA is responsible for the accreditation of dispute resolution institutions and for quality assurance in the performance by these institutions of their dispute resolution functions. This application for accreditation will accordingly be considered by the Governing Body.</p> <p>Whilst the Labour Relations Act 66 of 1995 details the manner in which bargaining councils and statutory councils may be established and registered, there exist no similar establishment or registration provisions concerning private agencies in the Act.</p> <p>The Governing Body accordingly requires as much information as is relevant and necessary to support an application for accreditation of a private agency.</p> <p>WHERE DOES THIS FORM GO?</p> <p>Governing Body c/o Councils and Agencies Department 28 Harrison Street Johannesburg, 2001 Private Bag X94 Marshalltown, 2107 Tel: (011) 377-6650 E-Mail: Accreditationapplications@CCMA.org.za</p> | <p>1. NAME OF PRIVATE AGENCY</p> <p>Name:</p> <p>Physical Address:</p> <p>Tel: Fax:</p> <p>Cell: E-Mail:</p> <p>Date of Establishment:</p> <p>Contact Person:</p> <p>2. ACCREDITATION IS SOUGHT FOR THE FOLLOWING DISPUTE</p> <p>.....</p> <p>RESOLUTION FUNCTIONS:</p> <p>Conciliations <input type="checkbox"/> Arbitrations <input type="checkbox"/> Inquiry into section 188A <input type="checkbox"/></p> <p>3. THERE ARE 7 ACCREDITATION CRITERIA TO BE MET:</p> <p>3.1 the extent to which the services provided by the applicant will meet the commission's standards;</p> <p>3.2 the ability of the applicant to conduct its activities effectively;</p> <p>3.3 the independence of the persons appointed by the applicant to perform the functions;</p> <p>3.4 details regarding the competence of the persons appointed by the applicant to perform the functions;</p> <p>3.5 details regarding the applicant's code of conduct to govern the persons appointed to perform the functions;</p> | |
| | <p>Case Number :</p> | <p>Please turn over →</p> |

| | | |
|--|---|--------------------|
| | <p>3.6 details regarding the disciplinary procedures used by the applicant to ensure subscription and adherence to the code of conduct; and</p> <p>3.7 proof that the applicant promotes a service that is broadly representative of South African society.</p> <p>4. MOTIVATION</p> <p>(a) Prepare a motivation for the Governing Body of the CCMA, which deals with the issues raised in section 127(4) of the LRA with reference to the 7 accreditation criteria.</p> <p>(b) Provide information on the following:</p> <ul style="list-style-type: none"> ▪ <u>the conciliators and arbitrators</u> (furnish the names of the individuals the applicant proposes using as dispute resolvers, along with particulars of each individual's qualifications, training and experience; supply details, if applicable, of the steps the applicant is taking to promote a service comprising practitioners broadly representative of South African society); ▪ <u>training</u> (supply details of initial and ongoing training, or training opportunities, available to conciliators and arbitrator); and ▪ <u>those sections of Part C of Chapter 7 of the Act</u> which the applicant believes should not be made applicable to it - see section 127(6). Please motivate. | |
| | Case Number : | Please turn over → |

5. POPIA CONFIRMATION

By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.

6. CONFIRMATION OF ABOVE DETAILS

Form submitted by:

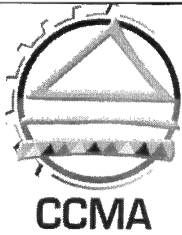
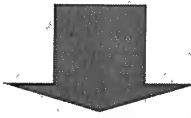
.....
(please print name)

Signature:

Position:

Date:.....

Place:.....

| | | | |
|---|--|--|---|
| <p>LRA Form 7.5 Section 129(1) Labour Relations Act, 1995</p> | <p align="center">COUNCIL/PRIVATE AGENCIES APPLIES TO AMEND ACCREDITATION</p> | |  |
| <p align="center">Read This First</p> <p align="center"></p> <p align="center">WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form is an application by an accredited council/agency to the Governing Body of the CCMA to amend its accreditation. For example, the amendment can relate to nature of services, scope of work or area.</p> <p align="center">WHO FILLS IN THIS FORM?</p> <p>An accredited council/agency.</p> <p align="center">WHERE DOES THIS FORM GO?</p> <p>Governing Body c/o CCMA 28 Harrison Street Johannesburg, 2001 Private Bag X94 Marshalltown, 2107 Tel: (011) 377-6650/01/00</p> <p>E-Mail: Accreditationapplications@CCMA.org.za</p> <p align="center">OTHER INSTRUCTIONS</p> <p>A copy of the applicant's current certificate of accreditation must be attached to this form.</p> <p align="center">CHECK!</p> <p>Have you attached your current certificate of accreditation?</p> | <p>1. NAME OF COUNCIL/PRIVATE AGENCY</p> <p>Name:</p> <p>Physical Address:</p> <p>Tel: Fax:</p> <p>Cell: E-Mail:</p> <p>Contact Person:</p> <p>Registration Number:</p> <p>2. ACCREDITATION AMENDMENTS SOUGHT</p> <p>The applicant wants to amend its current accreditation in the following way:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | | |
| <p>Case Number:</p> | <p>Please turn over →</p> | | |

3. MOTIVATION:

Please supply information on changes to dispute resolution functions and areas of operation (refer to Section 127(4) of the LRA):

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4. POPIA CONFIRMATION

By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.

5. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:

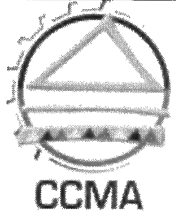
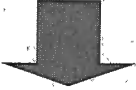
.....
(please print name)

Signature:

Position:

Date:

Place:

| | | | |
|--|---|----------------------------------|---|
| <p>LRA Form 7.8 Section 132(1) Labour Relations Act, 1995</p> | <p align="center">ACCREDITED COUNCIL APPLIES FOR SUBSIDY/RENEWAL OF SUBSIDY</p> | |  |
| <p align="center">Read This First</p> <p align="center"></p> <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form is an application by a Council to the Governing Body of the CCMA for a subsidy to perform dispute resolution functions and train people to perform these functions.</p> <p>WHO FILLS IN THIS FORM?</p> <p>An accredited Council applying for subsidy.</p> <p>WHERE DOES THIS FORM GO?</p> <p>Governing Body c/o Councils and Agencies Department 28 Harrison Street Johannesburg, 2001 Private Bag X94 Marshalltown, 2107 Tel: (011) 377-6650</p> <p>E-mail: Bargainingcouncilsubsidies@CCMA.org.za</p> <p>OTHER INSTRUCTIONS</p> <p>The Council must send:</p> <p>The form and the current certificate of accreditation (if applicable) as well as any additional information, which the Council wants to bring to the attention of the Governing Body.</p> <p align="center">CHECK!</p> <p>Have you attached your current certificate of accreditation? Have you attached your motivation (See Section 132(3) of the LRA)?</p> | <p>1. ACCREDITED COUNCIL DETAILS</p> <p>Name :</p> <p>Postal Address:</p> <p>Tel:..... Fax:.....</p> <p>Contact Person:</p> <p>Registration Number:</p> <p>2. DISPUTE RESOLUTION FUNCTIONS FOR WHICH COUNCIL IS ACCREDITED FOR</p> <p>Is the Council already accredited to perform particular dispute resolution functions?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, attach the certificate of accreditation.</p> <p>Are any dispute resolution functions of the Council performed by an accredited agency?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, name the agency and describe those dispute resolution functions.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | | |
| | <p>Case Number</p> | <p>Please turn over →</p> | |

3. THE EXTENT TO WHICH THE SERVICES PROVIDED BY THE APPLICANT WILL MEET THE COMMISSION'S STANDARDS

The Governing Body may grant a subsidy to the applicant after considering the application, any further information provided by the applicant and-

- (a) the need for the performance by the applicant of the functions for which it is accredited;
- (b) the extent to which the public uses the applicant to perform the functions for which it is accredited;
- (c) the cost to users for the performance by the applicant of the functions for which it is accredited;
- (d) the reasons for seeking the subsidy;
- (e) the amount requested; and
- (f) the applicant's ability to manage its financial affairs in accordance with established accounting practice, principles and procedures.

4. DISPUTE RESOLUTION CASE LOAD

Estimate case load?.....

What period does the estimate cover?

(Note: the period should end with the close of the CCMA's financial year, i.e. 31 March)

5. ESTIMATED COST PER CASE

Please indicate daily fee payable to panellists R.....

6. BUDGET SUMMARY FOR THE PERIOD

(Elaborate on these estimates in a supporting annexure)

6.1 Anticipated Expenses/Direct Costs:

Panellists costs Travelling costs

Case Number

Please turn over →

CHECK!

Have you sent a copy of this completed form to the other party?

Have you included proof that you have sent a copy to the other party with this form?

6.2 Anticipated Income:

The Council's dispute resolution work will be financed as follows:

(In Rands and as a percentage of the total dispute resolution budget.

Supply further details if appropriate).

| | In Rands (Per month) |
|----------------------------|----------------------|
| <i>Levies on Employers</i> | |
| <i>Levies on Employees</i> | |
| <i>Commission Subsidy</i> | |
| TOTAL | |

7. MOTIVATION

- (a) The need for your services;
- (b) The reasons for seeking the subsidy;
- (c) The amount requested;
- (d) Capacity to deal with finances responsibly.

8. POPIA CONFIRMATION

By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.

9. CONFIRMATION OF ABOVE DETAILS

Form submitted by:

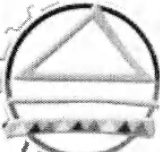


.....
(please print name)

Signature:

Position:

Date:

Place:

| | | |
|--|--|--|
| <p>RELEVANT LEGISLATION</p> <p>Labour Relations Act, 1995 Sections 9, 16, 21, 22, 24, 26, 45, 61, 63, 64, 72, 74, 86, 89, 94, 134, 191(1), 198 and 198A-C</p> <p>Employment Equity Act, 1998 Sections 10</p> <p>Basic Conditions of Employment Act, 1997 Sections 41, 69(5), 73A, 80, 84</p> <p>Skills Development Act, 1998 Section 19</p> <p>National Minimum Wage Act, 2018 Section 4(8)</p> <p>Mine Health and Safety Act, 1996 Section 40</p> | <p align="center">REFERRING A DISPUTE TO THE CCMA FOR CONCILIATION (INCLUDING CON-ARB)</p> |  CCMA |
| <p align="center">READ THIS FIRST</p> <p align="center"></p> <p align="center">WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form enables a person or organisation to refer a dispute to the CCMA for conciliation and con-arb.</p> <p align="center">WHO FILLS IN THIS FORM?</p> <p>Employer, employee, trade union or employers' organisation.</p> <p>Use may also be made of the CCMA's online e-referral portal #CCMAConnect or https://cmsonline.ccma.org.za</p> <p align="center">OTHER PARTIES</p> <p>If there is more than one employee to the dispute and the referring party is not a trade union, then each employee must supply his/her personal details and signature on a separate page, which must be attached to this form.</p> <p align="center">WHERE DOES THIS FORM GO?</p> <p>The Regional Office of the CCMA in the region where the dispute arose.</p> <p align="center">OTHER INSTITUTIONS</p> <p>Please note that if you are covered by a bargaining council, a statutory council or an accredited agency you have to refer the dispute to the relevant council or agency.</p> <p>You may also need to deal with the dispute in terms of a private procedure if one applies.</p> <p>If in doubt contact the CCMA for assistance.</p> <p align="center">WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?</p> <p>When you refer the dispute to the CCMA, it will attempt to resolve the dispute within 30 days.</p> | <p>1. DETAILS OF PARTY REFERRING DISPUTE</p> <p><input type="checkbox"/> An employee <input type="checkbox"/> A trade union</p> <p><input type="checkbox"/> An employer <input type="checkbox"/> An employers' organisation</p> <p><input type="checkbox"/> Department of Employment and Labour</p> <p>(a) Name of the party if the referring party is an <u>employee</u></p> <p>Name:.....</p> <p>Surname:.....</p> <p>Length of Service:..... ID Number:.....</p> <p>Salary Gross:..... Salary Net:.....</p> <p>Gender (M/F):..... Age:..... Nationality.....</p> <p>Postal Address:.....</p> <p>.....Code:.....</p> <p>Tel:..... Cell:.....</p> <p>Fax:..... E-Mail:</p> <p>Alternative contact details of the employee (representative / relative or friend):</p> <p>Name:.....</p> <p>Surname:.....</p> <p>Length of Service:..... ID Number:.....</p> <p>Salary Gross:..... Salary Net:.....</p> <p>Gender (M/F):..... Age:..... Nationality.....</p> <p>Postal Address:.....</p> <p>.....Code:.....</p> <p>Tel:..... Cell:.....</p> <p>Fax:..... E-Mail:</p> | |
| <p>CCMA Case Number.....</p> | <p>Please turn over </p> | |

A copy of this form must be served on the other party.

Proof that a copy of this form has been served on the other party must be supplied by attaching any of the following:

- A copy of a registered slip from the Post Office; or
- A copy of a signed receipt if hand delivered; or
- A signed statement confirming service by the person delivering the form; or
- A copy of a fax or e-mail confirmation slip; or
- Any other satisfactory proof of service.

Attach supporting documents

The CCMA may be requested to assist with service.

UNFAIR LABOUR PRACTICE

If the dispute(s) concerns an unfair labour practice the dispute must be referred (i.e. received by the CCMA) within 90 days of the act or omission which gave rise to the unfair labour practice. If more than 90 days has lapsed you are required to apply for condonation.

NATIONAL MINIMUM WAGE DISPUTES

Disputes emanating from the NMWA and referred either in terms of S4(8) of the NMWA or S73A of the BCEA may be referred by any person who works for another and who receives or is entitled to receive any payment for that work.

MUTUAL INTEREST DISPUTES

- Attach the collective agreement on picketing or
- If no collective agreement on picketing, complete Annexure A to this form.
- If referring a request for establishment of picketing rules, complete Annexure A to this form.
- If referring a dispute relating to breach or interpretation of picketing rules, attach a copy of the picketing rules.

DISPUTES RELATING TO COMPLIANCE ORDERS

If referring a dispute relating to a compliance order, the order must be attached to this form. If the dispute is referred after the date on which compliance was due you are required to apply for condonation.

(b) Name of the referring party if the referring party is an employer, Department of Employment and Labour, employer's organisation or trade union, or if the employer's organisation or the trade union is assisting a member to the dispute

Name:.....

Surname:.....

Length of Service:..... ID Number:.....

Salary Gross:..... Salary Net:.....

Gender (M/F):..... Age:..... Nationality:.....

Postal Address:.....

..... Code:.....

Tel:..... Cell:.....

Fax:..... E-Mail:

Contact Person:.....

2. DETAILS OF THE OTHER PARTY (PARTY WITH WHOM YOU ARE IN DISPUTE)

The other party is:

- ☐ An employer ☐ An employer's organisation ☐ Department of Employment and Labour
- ☐ An employee ☐ A trade union

☐ Other, Specify.....

(E.g. Temporary Employment Service, owner of the premises or person who controls access to the premises where employees work if it's an organisational rights dispute etc.)

Full Name(s):.....

(If company or close corporation, the name of the company or close corporation)

Postal Address:.....

..... Code:.....

Physical Address:.....

..... Code:.....

Tel:..... Cell:.....

Fax:..... E-Mail:

Company or close corporation registration number:

Number of employees employed by the employer:

CCMA Case Number.....

Please turn over →

3. NATURE OF THE DISPUTE

What is the dispute about (tick only one box)?

- | | |
|---|--|
| <input type="checkbox"/> Dismissal | <input type="checkbox"/> Mutual Interest |
| <input type="checkbox"/> Severance Pay | <input type="checkbox"/> Organisation Rights |
| <input type="checkbox"/> Unfair Labour Practice | <input type="checkbox"/> Disclosure of Information |
| <input type="checkbox"/> Freedom of Association | <input type="checkbox"/> S80 BCEA |
| <input type="checkbox"/> Unfair Discrimination – S10 EEA | <input type="checkbox"/> S19 SDA |
| <input type="checkbox"/> Interpretation / Application of Collective Agreement | <input type="checkbox"/> S198 LRA |
| <input type="checkbox"/> Disputes relating to breach of collective agreement, picketing agreement or picketing rules - S69(8) | <input type="checkbox"/> S84 BCEA |
| <input type="checkbox"/> Unilateral Changes to Terms and Conditions of Employment – S64 LRA | <input type="checkbox"/> Breach of picketing rules |
| <input type="checkbox"/> Refusal to Bargain | |
| <input type="checkbox"/> Interpretation and application of sections 198A-C of the LRA referred in terms of S198D | |
| <input type="checkbox"/> S198A LRA (Temporary Employment) | |
| <input type="checkbox"/> S198B (Fixed Term Contract) | |
| <input type="checkbox"/> S198C (Part-time Employment) | |
| <input type="checkbox"/> S198A(4) LRA (Dismissal) | |
| <input type="checkbox"/> Unilateral Changes to Terms and Conditions of Employment S4(8) NMWA | |
| <input type="checkbox"/> S73A of the BCEA (Claims for monies owing in terms of the NMWA) | |
| <input type="checkbox"/> S73A of the BCEA (Other claims for failure to pay amounts owing) | |
| <input type="checkbox"/> S69(5) BCEA (Dispute relating to Compliance orders) | |
| <input type="checkbox"/> Other | |

If it is an unfair dismissal dispute, tick the relevant box

- | | |
|--|--|
| <input type="checkbox"/> Misconduct | <input type="checkbox"/> Incapacity |
| <input type="checkbox"/> Unknown Reasons | <input type="checkbox"/> Constructive Dismissal |
| <input type="checkbox"/> Poor Work Performance | <input type="checkbox"/> Dismissal relating to Probation |
| <input type="checkbox"/> Operational Requirements (Retrenchments) | |
| <input type="checkbox"/> Where I was the only employee dismissed | |
| <input type="checkbox"/> Where the employer employs less than ten (10) employees | |

Other

4. SUMMARISE THE FACTS OF THE DISPUTE (Use additional paper if necessary)

.....

.....

.....

.....

.....

.....

This section must be completed!

→

(If referring a dispute relating to amounts owing in terms of section 73A of the BCEA please provide details relating thereto)

If necessary, write the details on a separate page and attach to this form.

If it is an unfair labour practice, state whether it relates to probation.

CCMA Case Number.....

Please turn over →

| | | | | | | | | | | | | | |
|---|---|---------------------------------|--|---------------------------------|-----------------------------------|--|--|---|--|--|--|--------------------------------------|--|
| <p style="text-align: center;">This section must be completed!</p> <p style="text-align: center;"> </p> <p>If necessary, write the details on a separate page and attach to this form.</p> | <p>5. DATE AND PLACE WHERE DISPUTE AROSE:</p> <p>The dispute arose on:..... (give the date, day, month and year)</p> <p>The dispute arose where:..... (give the city/town in which the dispute arose)</p> <p>6. DATE OF DISMISSAL (if applicable):.....</p> <p>7. FAIRNESS/UNFAIRNESS OF DISMISSAL (if applicable)</p> <p>(a) Procedural Issues</p> <p>Was the dismissal procedurally unfair? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, why?</p> <p>(b) Substantive Issues</p> <p>Was the reason for the dismissal unfair? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, why?</p> <p>8. RESULT REQUIRED</p> <p>9. SECTOR</p> <p>Indicate the sector or service in which the dispute arose.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Retail</td> <td><input type="checkbox"/> Safety/Security (Private)</td> </tr> <tr> <td><input type="checkbox"/> Mining</td> <td><input type="checkbox"/> Domestic</td> </tr> <tr> <td><input type="checkbox"/> Building & Construction</td> <td><input type="checkbox"/> Food & Beverage</td> </tr> <tr> <td><input type="checkbox"/> Business/Professional Services</td> <td><input type="checkbox"/> Transport (Private)</td> </tr> <tr> <td><input type="checkbox"/> Agriculture/Farming</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> | <input type="checkbox"/> Retail | <input type="checkbox"/> Safety/Security (Private) | <input type="checkbox"/> Mining | <input type="checkbox"/> Domestic | <input type="checkbox"/> Building & Construction | <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Business/Professional Services | <input type="checkbox"/> Transport (Private) | <input type="checkbox"/> Agriculture/Farming | | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Safety/Security (Private) | | | | | | | | | | | | |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Domestic | | | | | | | | | | | | |
| <input type="checkbox"/> Building & Construction | <input type="checkbox"/> Food & Beverage | | | | | | | | | | | | |
| <input type="checkbox"/> Business/Professional Services | <input type="checkbox"/> Transport (Private) | | | | | | | | | | | | |
| <input type="checkbox"/> Agriculture/Farming | | | | | | | | | | | | | |
| <input type="checkbox"/> Other | | | | | | | | | | | | | |
| <p>CCMA Case Number.....</p> | <p>Please turn over </p> | | | | | | | | | | | | |

Parties may, at their own cost, bring interpreters for languages other than the official South African languages. Please indicate this under 'other'.



Section 10 of the Employment Equity Act requires the referring party to satisfy the Commission that he/she has attempted to resolve the dispute internally before referring it to the CCMA.

Resolving a dispute internally may include engagements with management, filing a grievance and/or following any other process as set out in the company policy.

Failure to make reasonable attempts to resolve the dispute will mean the referral is pre-mature and therefore, the CCMA may not have jurisdiction / or power to determine the dispute.

10. INTERPRETER SERVICES

Is an interpreter required? **Yes / No**

- | | | |
|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> IsiNdebele | <input type="checkbox"/> IsiZulu |
| <input type="checkbox"/> IsiXhosa | <input type="checkbox"/> Sepedi | <input type="checkbox"/> SeSotho |
| <input type="checkbox"/> Setswana | <input type="checkbox"/> IsiSwati | <input type="checkbox"/> Xitsonga |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Tshivenda | |
| <input type="checkbox"/> Other | | |

11. DISCRIMINATION MATTER

If it is a discrimination dispute, have you attempted to resolve the dispute?

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

If yes specify steps taken to resolve the dispute and if no, provide reasons for not attempting to resolve the dispute internally:

.....

.....

.....

.....

(If written confirmation is available, please attach)

12. POPIA CONFIRMATION

By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available

13. CONFIRMATION OF ABOVE DETAILS

Form submitted by:

.....
(please print name)

Signature:

Position:

Date:

Place:

136(1)(a)

CERTIFICATE OF OUTCOME OF DISPUTE REFERRED TO CONCILIATION

CASE NUMBER:.....

I certify that the dispute between:

.....
 and
 (referring party) (other party/parties)

Referred to conciliation on:

.....
 (give date)

Concerning:

☐ Was resolved on the(give date) ☐ Remains unresolved as at(give date)

Both parties in attendance?

Yes

☐

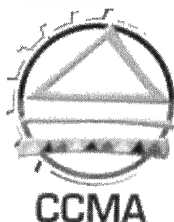
No

☐

Condonation:

Granted

Not applicable

If this dispute remains unresolved, the
following steps may be takenRefer to
ArbitrationRefer to interest /
Advisory
ArbitrationStrike/
LockoutRefer to
Labour Court

Name of Commissioner

Signature of Commissioner

Place

Date

CERTIFICATE OF OUTCOME OF ESSENTIAL SERVICES DISPUTE REFERRED TO CONCILIATION

CASE NUMBER:.....

I certify that the dispute between:

.....

and

.....

(referring party)

(other party/parties)

Referred to conciliation on:

.....

(give date)

Concerning:

Matters of Mutual Interest
☐ Was resolved on the (give date)
 ☐ Remains unresolved as at (give date)

If this dispute remains unresolved, the
Commissioner must tick the applicable
box. Parties have:

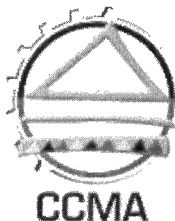
| | | |
|------------------------------------|---|------------|
| Minimum Service Agreement (MSA) | Minimum Services Determination (MSD) | NO MSA/MSD |
|------------------------------------|---|------------|

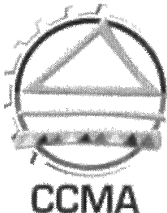
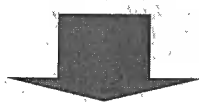
If parties have an MSA or MSD

| | |
|--|--|
| Only the parties in the MSA/MSD may strike | Interest Arbitration (if majority ballots in favour) |
|--|--|

If parties have no MSA or MSD

Interest Arbitration

.....
Name of Commissioner.....
Signature of Commissioner.....
Place.....
Date

| | | |
|---|--|---|
| <p>Labour Relations Act, 1995 Sections 16, 21, 22, 24, 45, 61, 74, 86, 94, 133, 141, 191, 198, 198A-C Employment Equity Act, 1998 Sections 10 Basic Conditions of Employment Act, 1997 Sections 41 and 80 Skills Development Act, 1998 Section 19 Mine, Health and Safety Act, 1996 Section 40(4)</p> | <h2 style="text-align: center;">REQUEST FOR ARBITRATION</h2> <p style="text-align: center;">(Demarcation disputes (Section 62) must be processed on LRA Form 3.23)</p> |  |
| <p style="text-align: center;">Read This First</p> <div style="text-align: center;">  </div> <p style="text-align: center;">WHAT IS THE PURPOSE OF THIS FORM?</p> <p>If conciliation fails, a party may request that the CCMA resolve the dispute by arbitration.</p> <p style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p>The party requesting the arbitration.</p> <p style="text-align: center;">WHERE DOES THIS FORM GO?</p> <p>To the same office which conducted the conciliation, unless directed otherwise.</p> <p>If an accredited council or agency is to arbitrate the dispute, the request for arbitration must be sent to their offices.</p> <p>Use may also be made of the CCMA's online referral portal #CCMAConnect to refer a matter for arbitration.</p> <p>If in doubt, contact the CCMA for help.</p> | <p>1. DETAILS OF PARTY REQUESTING ARBITRATION</p> <p>Name :</p> <p>Postal Address:.....</p> <p>.....Code:.....</p> <p>Tel:..... Fax:.....</p> <p>Cell:.....E-Mail:.....</p> <p>Contact Person:</p> <p>2. DISPUTE DETAILS</p> <p>The case between:</p> <p>.....(referring party)</p> <p style="text-align: center;">and</p> <p>.....(other party)</p> <p>was referred for conciliation, but remains unresolved.</p> <p>The certificate of non-resolution is attached / 30 days have expired since referral (delete whichever is not applicable).</p> <p>The issues in dispute are</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Give a brief description. The commissioner may require a more detailed statement of case later.)</p> | |
| | CCMA Case Number..... | Please turn over → |

OTHER INSTRUCTIONS

A copy of this form must be served on the other party.

Proof that a copy of this form has been served on the other party must be supplied by attaching any of the following:

- A copy of a registered slip from the Post Office; or
- A copy of a signed receipt if hand delivered; or
- A signed statement confirming service by the person delivering the form;
- A copy of a fax confirmation slip; or
- A copy of an e-mail confirmation slip or sent e-mail; or
- Any other satisfactory proof of service.

The CCMA may be requested to assist with service.

CHECK!

Have you sent a copy of this completed form to the other party?

Have you included proof that you have sent a copy to the other party with this form?

Have you attached the certificate confirming that the dispute was unresolved through conciliation?

3. DETAILS OF OTHER PARTY

Name :

Designation:.....

Postal Address:

.....Code:.....

Physical Address:.....

.....Code:.....

Tel:..... Fax:.....

Cell:.....E-Mail:.....

4. OUTCOME REQUIRED:

.....

5. POPIA CONFIRMATION

By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.

CONFIRMATION OF ABOVE DETAILS:

Form submitted by:

.....
 (please print name)

Signature:

Position:

Date:

Place.....

This form must be signed by the requesting party or a person who may be entitled to represent the party in arbitration proceedings. If a person other than the referring party or a representative who may be entitled to represent the referring party signs this form, the referring party may be called upon to ratify his or her intention to refer the matter to arbitration.

4. POPIA CONFIRMATION

By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.

5. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:

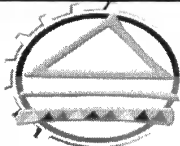
.....
(please print name)

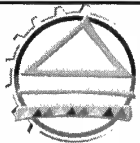
Signature:

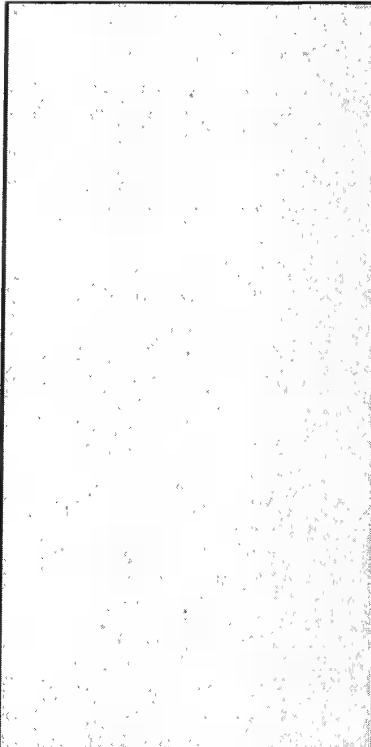
Position:

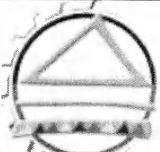
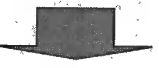
Date:

Place.....

| | | | |
|---|--|--|--|
| <p>LRA Form 7.15 Section 137(1) Labour Relations Act, 1995</p> | <p align="center">APPLICATION TO APPOINT SENIOR COMMISSIONER TO ARBITRATE</p> | |  <p align="center">CCMA</p> |
| <p align="center">Read This First</p> <p align="center">WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form is an application by a party to the commissioner in charge of the Regional Office of the CCMA to appoint a Senior Commissioner to arbitrate.</p> <p>WHO FILLS IN THIS FORM?</p> <p>A party to the dispute.</p> <p>WHERE DOES THIS FORM GO?</p> <p>The Commissioner in charge of the Regional Office of the CCMA.</p> <p>OTHER INSTRUCTIONS</p> <p>Two documents must be attached to this form:</p> <p>(a) An application addressing the factors contained in section 137(3) of the Labour Relations Act, 1995.</p> <p>(b) Proof that a copy of this form has been served on the other party by attaching any of the following:</p> <ul style="list-style-type: none"> ▪ A copy of a registered slip from the Post Office; or ▪ A copy of a signed receipt if hand delivered; or ▪ A signed statement confirming service by the person delivering the form; or ▪ A copy of a fax confirmation slip; or ▪ A copy of an e-mail confirmation slip or sent e-mail; or ▪ Any other satisfactory proof of service. <p>The CCMA may be requested to assist with service.</p> <p align="center">CHECK!</p> <p>Have you sent a copy of this completed form to the other party?</p> <p>Have you included proof that you have sent a copy to the other party with this form?</p> <p>Have you attached your application (see section 137(1)-(3) of the Labour Relations Act 1995?</p> | <p>1. APPLICATION</p> <p>I/we apply to the CCMA to appoint a Senior Commissioner to arbitrate the dispute.</p> <p>2. MOTIVATION</p> <p>Prepare a motivation which deals with the issues raised in section 137 of the Act, which include –</p> <ul style="list-style-type: none"> • the complexity of the dispute; • whether there are conflicting arbitration awards that are relevant to the dispute; • the public interest; and • the nature of the question of law raised by the dispute. <p>3. CONFIRMATION OF ABOVE DETAILS:</p> <p>Form submitted by:</p> <p align="center">..... (please print name)</p> <p>Signature:</p> <p>Position:</p> <p>Date:</p> <p>Place.....</p> | | |
| | <p>Case Number.....</p> | | |

| | | | |
|---|---|---------------------------|--|
| LRA Form 7.16 Rule 37 of the CCMA Rules Section 142(1)(a), (b) and (c) Labour Relations Act, 1995 | <h1>SUBPOENA</h1> | |  CCMA |
| <p>The following MUST be attached to a request for a subpoena:</p> <p>(a) motivation for the application</p> <p style="text-align: center;">and</p> <p>(b) proof that witness fees, travelling costs and subsistence expenses have been paid in accordance with tariff of allowance published by notice in the Government Gazette</p> <p style="text-align: center;">NOTE!</p> <p>This Form together with the motivation and proof of payment of the witness fees, travelling costs and subsistence expenses must be submitted to the CCMA at least fourteen (14) days prior to the date of the arbitration hearing.</p> <p>Compliance with the Protection of Personal Information Act 4 of 2013 (POPIA).</p> <p>The personal information that is recorded in this Subpoena may only be utilised for purposes set out in section 142(1) (a), (b) and (c) of the Labour Relations Act and CCMA Rule 37.</p> | <p>To:</p> <p>.....</p> <p style="text-align: center;">(Name of Subpoenaed Person)</p> <p>.....</p> <p style="text-align: center;">(Organisation of Subpoenaed Person)</p> <p>.....</p> <p style="text-align: center;">(Address of Subpoenaed Person)</p> <p>A Commissioner has been appointed to resolve a dispute in terms of the Labour Relations Act 66 of 1995.</p> <p>Commissionerhas been appointed.</p> <p style="text-align: center;">(Name of Commissioner)</p> <p>The matter between – CCMA Case Number:</p> <p>.....</p> <p style="text-align: center;">(Names of Parties)</p> <p>.....</p> <p style="text-align: center;">(Issue of Disputes)</p> <p>You are required in terms of the Section 142 of the Labour Relations Act 66 of 1995 to appear before the Commissioner at</p> <p>.....</p> <p style="text-align: center;">(Address where hearing is being held)</p> <p>on at</p> <p style="text-align: center;">(Date of Hearing) (Time of Hearing)</p> <p>You are subpoenaed-</p> <p><input type="checkbox"/> for questioning</p> <p><input type="checkbox"/> to produce any book, document, visual footage or object</p> <p><input type="checkbox"/> to give expert evidence in terms of Section 142(1)(c)</p> <p style="text-align: center;">(Tick appropriate block)</p> | | |
| Case Number | | Please turn over → | |

| | | |
|--|---|--------------------------------|
|  | You must bring and produce the books, documents, visual footages or objects listed below: | |
| | (List books, documents and objects) | |
| | <input type="checkbox"/> The party requesting the subpoena has been directed to furnish you with the first day witness fees together with the reasonable travelling costs and subsistence expenses to attend the hearing. | |
| | (Signed by PSC/RSC/Delegated Commissioner) | (Date and CCMA Stamp) |
| | (Print name) | (Place) |

| | | | |
|---|--|--------------------------------|--|
| <p>LRA Form 7.18 Section 143 Labour Relations Act, 1995</p> | <p align="center">APPLICATION TO CERTIFY CCMA AWARD</p> | |  CCMA |
| <p align="center">READ THIS FIRST</p> <p align="center"></p> <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form requests the Director or delegated commissioner of the CCMA to certify that an award is an award issued by a CCMA Commissioner.</p> <p>If the party against whom an award was made does not comply with an award that has been certified, the award may be enforced. This is done by-</p> <ul style="list-style-type: none"> obtaining a copy of the arbitration award; obtaining proof of service of the award on the other party from the CCMA office; attaching a copy of the arbitration award and proof of service to this form; the applicant(s) or a duly authorised representative completing part 1 of this form; If there is more than one referring party, please provide the names of the other employees in Annexure A; making an oath before a Commissioner of Oaths; and submitting the form to the Regional Office of the CCMA for certification by the Director or delegated commissioner of the CCMA. <p>WHO FILLS IN PART 1 OF THIS FORM?</p> <p>A party applying to have an arbitration award certified must complete Part 1. The applicant must state whether it is the referring party or the other party in the matter. If the applicant is a legal person, trade union, employer's organisation or company, the form must be completed by a duly authorised representative.</p> | <p>IN THE CCMA FOR THE REGION OF:.....</p> <p>In the matter between:</p> <p>..... REFERRING PARTY</p> <p align="center">and</p> <p>..... OTHER PARTY</p> <p>PART 1: APPLICATION IN TERMS OF SECTION 143 OF THE ACT</p> <p>I, the undersigned:</p> <p>.....</p> <p align="center">(name)</p> <p>do hereby make oath and say:</p> <p>1. I am/representthe referring / other party (delete whichever is not applicable) in the matter referred to above (referred to in this document as 'the applicant').</p> <p>2. On (date) Commissioner made an arbitration award (referred to in this document as 'the award') in favour of the applicant. A copy of the award is attached to this form.</p> <p>3. The award was served on the party against whom the award was made (referred to in this document as 'the other party') on (date).....</p> <p>A copy of the proof of service is attached to this form.</p> | | |
| <p>Case Number.....</p> | | <p>Please turn over..... →</p> | |


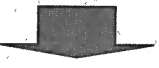
| | |
|---|---|
| <p>"Deponent" refers to the applicant. The completed affidavit should only be signed by the applicant in the presence of the Commissioner of Oaths.</p> <p>A Commissioner of Oaths must complete this section in the presence of the Deponent.</p> <p>THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS FORM</p> <ul style="list-style-type: none"> • A copy of the Commissioner's award. • Proof that the award was served on the other party. • Proof that this referral form was served on the other party. | <p>4. If this application for certification applies to more than one employee covered by the award, the details of each employee and the amounts that are due in terms of the award, must be included in the table provided in Annexure A</p> <p>5. To date the other party has not complied with the award.</p> <p>6. Application is hereby made for the Award to be certified by the Director in terms of section 143(3) of the Act.</p> <p>7. POPIA CONSENT</p> <p>By signing this document and its Annexure, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.</p> <p>.....</p> <p>DEPONENT</p> <p>I HEREBY CERTIFY that the deponent has acknowledge that he/she knows and understands the contents of the affidavit which was signed and sworn to before me at..... on (date), the regulations contained in Government Notices R1258 and R1648 having been complied with.</p> <p>.....</p> <p>COMMISSIONER OF OATHS</p> |
| <p>Please turn over..... →</p> | |

ANNEXURE A

To be completed in the event that this application for certification applies to more than one employee covered by the award. The names that are provided in this table must correspond with the names of the employees as provided in the attached arbitration award.

Case Number:.....

| Name and surname | ID number | Contact number | Amount awarded |
|------------------|-----------|----------------|----------------|
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| | | | |

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|---|---|--------------------------------|---|
| <p>LRA Form 7.18A Section 143 read with Section 51(8) Labour Relations Act, 1995</p> | <p align="center">APPLICATION TO CERTIFY BARGAINING COUNCIL AWARD</p> | |  |
| <p align="center">READ THIS FIRST</p> <p align="center"></p> <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form requests the Director or delegated Commissioner of the CCMA to certify that an award issued under the auspices of a Bargaining Council is an award issued by a Bargaining Council Arbitrator.</p> <p>If the party against whom an award was made does not comply with an award that has been certified, the award may be enforced. This is done by -</p> <ul style="list-style-type: none"> obtaining a copy of the arbitration award; obtaining proof of service of the award on the other party from the relevant Bargaining Council; attaching a copy of the arbitration award and proof of service to this form; the applicant(s) or a duly authorised representative completing part 1 of this form; making an oath before a Commissioner of Oaths; submitting the form to the General Secretary of the relevant Bargaining Council for certification by the Director of the CCMA. <p>If there is more than one referring party, please provide the names of the other employees in Annexure A.</p> <p>WHO FILLS IN PART 1 OF THIS FORM?</p> <p>A party applying to have an arbitration award certified must complete Part 1. The applicant must state whether it is the referring party or the other party in the matter. If the party is a legal person, trade union, employer's organisation or company, the form must be completed by a duly authorised representative.</p> | <p>IN THE BARGAINING COUNCIL OF:.....</p> <p>In the matter between:</p> <p>..... REFERRING PARTY</p> <p align="center">and</p> <p>..... OTHER PARTY</p> <p>PART 1: APPLICATION IN TERMS OF SECTION 143 OF THE ACT</p> <p>I, the undersigned:</p> <p>.....</p> <p align="right">(name)</p> <p>do hereby make oath and say:</p> <p>1. I am/representthe referring / other party (delete whichever is not applicable) in the matter referred to above (referred to in this document as 'the applicant').</p> <p>2. On (date) Arbitrator made an arbitration award (referred to in this document as 'the award') in favour of the applicant. A copy of the award is attached to this form.</p> <p>3. The award was served on the party against whom the award was made (referred to in this document as 'the other party') on (date).....</p> <p align="center">A copy of the proof of service is attached to this form.</p> | | |
| | <p>Case Number.....</p> | <p>Please turn over..... →</p> | |

"Deponent" refers to the applicant. The completed affidavit should only be signed by the applicant in the presence of the Commissioner of Oaths.

A Commissioner of Oaths must complete this section in the presence of the Deponent.

THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS FORM

- A copy of the Commissioner's award.
- Proof that the award was served on the other party.
- Proof that this referral form was served on the other party.

4. To date the other party has not complied with the award.
3. If this application for certification applies to more than one employee covered by the award, the details of each employee and the amounts that are due in terms of the award, must be included in the table provided in Annexure A
5. Application is hereby made for the Award to be certified by the Director or a delegated commissioner in terms of section 143(3) of the Act.
6. Compliance with the Protection of Personal Information Act 4 of 2013

By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available

.....
DEPONENT

I HEREBY CERTIFY that the deponent has acknowledge that he/she knows and understands the contents of the affidavit which was signed and sworn to before me at.....
on (date)
the regulations contained in Government Notices R1258 and R1648 having been complied with.

.....
COMMISSIONER OF OATHS

Please turn over..... →

**THE STATUS OF A CERTIFIED
AWARD**

In terms of sections 143(1) and (3) of the Act, an arbitration award that has been certified by the Director or delegated Commissioner may be enforced. Section 51(8) provides that section 143 applies to arbitrations conducted by bargaining councils unless a collective agreement concluded by the council provides otherwise.

A certified award may be enforced against a party that does not comply with the award by-

- In the case of an award ordering the payment of money, execution against the property of that party by the Sheriff of the Court.
- In the case of any other award, contempt of court proceedings in the Labour Court.

A party who wishes to have the Sheriff execute against the other party's property, must deliver this document and the certified award to the Deputy Sheriff in the Magisterial District where the other party resides.

CHECK!

Have you attached a copy of the arbitration award and proof that the award was served on the other party?

PART 2**AFFIDAVIT BY REPRESENTATIVE OF BARGAINING COUNCIL**

I, the undersigned

do hereby make oath and say:

1. I am the of the Bargaining Council.
2. The arbitration referred to above was conducted under the auspices of this Bargaining Council.
3. A copy of the award was served on the other party on (date)

Proof of service is attached to this form.

4. The Bargaining Council has not concluded a collective agreement excluding the application of section 143 of the Labour Relations Act.

DEPONENT

I HEREBY CERTIFY that the deponent has acknowledged that he/she knows and understands the contents of this affidavit, which was signed and sworn to before me at

on (date)....., the regulations contained in Government Notices R1258 and R1648 having been complied with.

COMMISSIONER OF OATHS**PART 3****CERTIFICATE IN TERMS OF SECTION 143 (3) OF THE ACT**

In terms of Section 143(3) of the Labour Relations Act, 1995, I hereby certify that the above arbitration award is a final and binding award issued by an Arbitrator conducting an arbitration under the auspices of a bargaining council as contemplated in section 143(1) read with section 51(8).

.....
**DIRECTOR – CCMA /
DELEGATED COMMISSIONER**

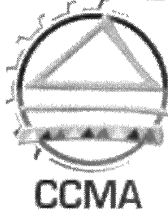
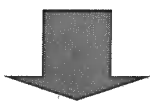

.....
DATE

ANNEXURE A

To be completed in the event that this application for certification applies to more than one employee covered by the award. The names that are provided in this table must correspond with the names of the employees as provided in the attached arbitration award.

Case Number:.....

| Name and surname | ID number | Contact number | Amount awarded |
|------------------|-----------|----------------|----------------|
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|--|---|---|
| <p>LRA Form 7.19 Section 188A Labour Relations Act, 1995</p> | <h1 style="text-align: center;">REQUEST FOR INQUIRY BY ARBITRATOR</h1> |  |
| <p style="text-align: center;">Read This First</p> <p style="text-align: center;"></p> <p style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p>An employer requesting an inquiry. In terms of section 188A(11), an employee who alleges that the holding of a disciplinary inquiry by an employer contravenes the Protected Disclosures Act 26 of 2000.</p> <p style="text-align: center;">WHERE DOES THIS FORM GO?</p> <p>To the Regional Office of the CCMA.</p> | <p>1. DETAILS OF PARTY REQUESTING AN INQUIRY</p> <p>Name:.....</p> <p>(If company or close corporation, the name of the company or close corporation)</p> <p>Surname (if applicable):.....</p> <p>Postal Address:.....</p> <p>.....Code:.....</p> <p>Physical Address:.....</p> <p>.....Code:.....</p> <p>Tel:.....Cell:.....</p> <p>Fax:.....E-Mail:.....</p> <p>Company or close corporation registration number:.....</p> <p>If a Temporary Employment Service (TES) is involved, the name of the TES:</p> <p>.....</p> <p>Postal Address:.....</p> <p>.....Code:.....</p> <p>Physical Address:.....</p> <p>.....Code:.....</p> <p>Tel:.....Cell:.....</p> <p>Fax:.....E-Mail:.....</p> <p>Number of employees employed by the employer:.....</p> <p>2. EMPLOYEE DETAILS</p> <p>Name:.....</p> <p>Surname:.....</p> <p>Length of Service:..... ID Number:.....</p> <p>Salary Gross:..... Salary Net:.....</p> <p>Gender (M/F):.....Age:..... Nationality:.....</p> <p>Postal Address:.....</p> <p>.....Code:.....</p> <p>Tel:.....Cell:.....</p> <p>Fax:..... E-Mail:</p> | |
| | <p>Case Number.....</p> | <p>Please turn over </p> |

OTHER INSTRUCTIONS

A copy of this form has been served on the other party.

Proof that a copy of this form has been served on the other party must be supplied by attaching any of the following:

- A copy of a registered slip from the Post Office; or
- A copy of a signed receipt if hand delivered; or
- A signed statement confirming service by the person delivering the form; or
- A copy of a fax confirmation slip; or
- A copy of an e-mail confirmation slip or sent e-mail; or
- Any other satisfactory proof of service.

The CCMA may be requested to assist with service.

7. INTERPRETER SERVICES

Is an interpreter required at the inquiry? **Yes / No**

If yes, please indicate for what language:

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> IsiNdebele | <input type="checkbox"/> IsiZulu |
| <input type="checkbox"/> IsiXhosa | <input type="checkbox"/> Sepedi | <input type="checkbox"/> SeSotho |
| <input type="checkbox"/> Setswana | <input type="checkbox"/> IsiSiswati | <input type="checkbox"/> Xitsonga |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Tshivenda | <input type="checkbox"/> Other |

8. COMPLIANCE WITH POPIA

By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.

9. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:

.....
(please print name)

Signature:

Position:

Date:

Place:

| | |
|---|---|
| <p style="text-align: center;">LRA Form 7.20 Section 189A Labour Relations Act, 1995</p> <p style="text-align: center;">READ THIS FIRST</p> <div style="text-align: center;"> </div> <p style="text-align: center;">WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form enables a party to initiate a section 189A facilitation process.</p> <p style="text-align: center;">WHO FILLS IN THIS FORM?</p> <ul style="list-style-type: none"> An employer who employs more than 50 employees and is contemplating dismissing one or more employees for reasons based on the employer's operational requirements; or Consulting parties representing the majority of employees whom the employer contemplates dismissing. <p>OTHER PARTIES</p> <p>If more than one party is referring the dispute and / or the dispute is referred against more than one party, please add the details of the second party in the space provided. For additional parties, please write down the additional names and particulars on a separate piece of paper and attach details to this form.</p> <p style="text-align: center;">WHERE DOES THIS FORM GO?</p> <p>The Regional Office of the CCMA in the region where the dismissals for operational requirements is contemplated. If the contemplated dismissals are in two or more regions, the form must be sent to the CCMA Head Office.</p> | <p style="text-align: center;">REQUEST FOR SECTION 189A OPERATIONAL REQUIREMENTS FACILITATION</p> <div style="text-align: right;"> CCMA </div> <p>1. DETAILS OF PARTY REQUESTING FACILITATION</p> <p>FIRST PARTY</p> <p>Employer <input type="checkbox"/> Party representing majority of employees <input type="checkbox"/></p> <p>Name:</p> <p>Postal Address:</p> <p style="text-align: right;">Postal Code:</p> <p>Tel: Cell:</p> <p>Fax: E-Mail:</p> <p>Contact Person:</p> <p>SECOND PARTY (where applicable)</p> <p>Employer <input type="checkbox"/> Party representing majority of employees <input type="checkbox"/></p> <p>Name:</p> <p>Postal Address:</p> <p style="text-align: right;">Postal Code:</p> <p>Tel: Cell:</p> <p>Fax: E-Mail:</p> <p>Contact Person:</p> <p>2. DETAILS OF THE OTHER PARTY</p> <p>FIRST PARTY</p> <p>Name:</p> <p>Postal Address:</p> <p style="text-align: right;">Postal Code:</p> <p>Tel: Cell:</p> <p>Fax: E-Mail:</p> <p>Contact Person:</p> <p>SECOND PARTY (where applicable)</p> <p>Name:</p> <p>Postal Address:</p> <p style="text-align: right;">Postal Code:</p> <p>Tel: Cell:</p> <p>Fax: E-Mail:</p> <p>Contact Person:</p> <p>HOW MANY EMPLOYEES DOES THE EMPLOYER EMPLOY?</p> |
|---|---|

| | | | |
|--|---|--------------------------|---------------------------|
| <p>WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?</p> <p>When you request facilitation the CCMA will appoint a facilitator to assist the parties engaged in consultation process.</p> <p>OTHER INSTRUCTIONS</p> <p>A copy of this form must be served on the other party or parties.</p> <p>Proof that a copy of this form has been served on the other party or parties must be supplied by attaching and of the following:</p> <ul style="list-style-type: none"> ▪ A copy of a registered slip from the Post Office; or ▪ A copy of a signed receipt if hand delivered; or ▪ A signed statement confirming service by the person delivering the form; or ▪ A copy of a fax confirmation slip; or ▪ A copy of an e-mail confirmation slip or sent e-mail; or ▪ Any other satisfactory proof of service. <p>The CCMA may be requested to assist with service.</p> <p>CHECK!</p> <p>Have you attached proof that this form has been served on the other party?</p> | <p>3. DETAILS OF FURTHER PARTIES (Please provide the names of any further parties, e.g. where more than two unions are involved, and attach details.)</p> <p>.....</p> <p>.....</p> <p>4. HOW MANY EMPLOYEES ARE LIKELY TO BE RETRENCHED?</p> <p>.....</p> <p>5. HOW MANY EMPLOYEES ARE AFFECTED? (Total employees who need to be consulted?).....</p> <p>6. RETRENCHMENTS ARE CONTEMPLATED IN THE FOLLOWING REGIONS OR WORKPLACE LOCATIONS: (Please indicate expected numbers.)</p> <p>.....</p> <p>.....</p> <p>7. HOW MANY EMPLOYEES HAS THE EMPLOYER DISMISSED FOR OPERATIONAL REQUIREMENTS IN THE PAST 12 MONTHS AND IN WHICH REGIONS OR WORKPLACE LOCATIONS? (Please indicate numbers)</p> <p>.....</p> <p>.....</p> <p>8. ATTACH THE SECTION 189(3) NOTICE ISSUED BY THE EMPLOYER TO THIS FORM. (The matter cannot be processed without a complete s189(3) notice.)</p> <p>9. HAS THE EMPLOYER REQUESTED FACILITATION IN ITS S189(3) NOTICE?</p> <p>YES <input type="checkbox"/></p> <p>IF NO, (consent by parties should accompany this application)</p> <p>10. WHAT ARE THE REASONS FOR THE CONTEMPLATED DISMISSALS FOR OPERATIONAL REQUIREMENTS?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | | |
| <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Case Number.....</td> <td style="width: 50%;">Please turn over →</td> </tr> </table> | | Case Number | Please turn over → |
| Case Number | Please turn over → | | |

CHECK!

Have you sent a copy of this completed form to the other party?
Have you included proof (that you have sent a copy to the other party with this form?

16. POPIA CONFIRMATION

By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.

17. CONFIRMATION OF ABOVE DETAILS

Form submitted by:


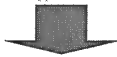

.....
(please print name)

Signature:

Position:

Date:.....

Place:.....

| | | | |
|--|--|---|---|
| <p>LRA Form 7.21 Section 200A(3) Labour Relations Act, 1995</p> | <p align="center">REQUEST FOR ADVISORY AWARD ON WHETHER A PERSON IS AN EMPLOYEE</p> | |  |
| <p align="center">READ THIS FIRST</p> <p align="center"></p> <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form is a request to the CCMA to issue an advisory award determining whether a person is an employee.</p> <p>If there is more than one employee to the dispute and the referring party is not a trade union, then each employee must supply his/her personal details and signature on a separate page, which must be attached to this form.</p> <p>WHO FILLS IN THIS FORM?</p> <p>The parties to any working arrangement may request an advisory award provided the affected person/s earn equal to or less than the threshold.</p> <p>WHERE DOES THIS FORM GO?</p> <p>The Regional Office of the CCMA.</p> <p>WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?</p> <p>The CCMA will appoint a commissioner to hear the matter and issue an advisory award.</p> | <p>1. DETAILS OF PARTY REQUESTING THE ADVISORY AWARD</p> <p>As the referring party, are you:</p> <p><input type="checkbox"/> An employee <input type="checkbox"/> A trade union</p> <p><input type="checkbox"/> An employer <input type="checkbox"/> An employer's organisation</p> <p>(a) Name of the party if the requesting party is an employee</p> <p>Name:.....</p> <p>Surname: (if applicable).....</p> <p>ID Number:.....</p> <p>Postal Address:.....</p> <p>.....Postal Code:.....</p> <p>Tel:.....Cell:.....</p> <p>Fax:.....E-Mail:</p> <p>Contact Person:.....</p> <p>(b) Name of the party if the requesting party is an employer, employer's organisation or trade union, or if the employer's organisation or trade union is assisting a member to the dispute</p> <p>Name:.....</p> <p>Surname: (if applicable).....</p> <p>Postal Address:.....</p> <p>.....Postal Code:.....</p> <p>Tel:.....Cell:.....</p> <p>Fax:.....E-Mail:</p> <p>.....</p> <p>Contact Person:.....</p> | | |
| | <p>Case Number.....</p> | <p>Please turn over </p> | |

2. DETAILS OF THE OTHER PARTY

The other party is:

☐

An employee

☐

A trade union

☐

An employer

☐

An employer's organisation

Name:.....

Surname (if applicable):.....

Postal Address:.....

.....Postal Code:.....

Tel:.....Cell:.....

Fax:.....E-Mail:

Contact Person:.....

3. PRESUMPTION AS TO WHO IS AN EMPLOYEE

Please tick whichever block applies to the working arrangement of the person/s in respect of whom the advisory award is sought.

☐

The manner in which the person works is subject to the control or direction of another person.

☐

The person's hours of work are subject to the control or direction of another person.

☐

The person forms part of the organization for whom the work is performed.

☐

The person has worked for that other person for at least 40 hours per month over the last three months.

☐

The person is economically dependent on the other person for whom he or she works or renders services.

☐

The person is provided with tools of trade or work equipment by the other person.

☐

The person only works for or renders services to one person.

☐

None of the above apply.

4. EARNINGS

The person or persons included in the working arrangement earn:

1.per annum

2.per annum

(If space is not sufficient, include additional information on a separate page and attach to this form).

Case Number.....

Please turn over



Parties may, at their own cost, bring interpreters for languages other than the official South African languages. Please indicate this under 'other'

Special features might be the urgency of the matter, the large number of people involved, important legal or labour issues etc. Reasons why advisory arbitration award is requested, may also be include.

OTHER INSTRUCTIONS

A copy of this form must have been served on the other party.

Proof that a copy of this form has been served on the other party must be supplied by attaching any of the following:

- A copy of a registered slip from the Post Office; or
- A copy of a signed receipt if hand delivered; or
- A signed statement confirming service by the person delivering the form; or
- A copy of a fax confirmation slip; or
- A copy of an e-mail confirmation slip or sent e-mail; or
- Any other satisfactory proof of service.

The CCMA may be requested to assist with service.

5. SECTOR

- | | |
|---|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Safety/Security (Private) |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Domestic |
| <input type="checkbox"/> Building & Construction | <input type="checkbox"/> Food & Beverage |
| <input type="checkbox"/> Business/Professional Services | <input type="checkbox"/> Transport (Private) |
| <input type="checkbox"/> Agriculture/Farming | |
| <input type="checkbox"/> Other..... | |

6. INTERPRETER SERVICES

Is an interpreter required? **Yes / No**

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> IsiNdebele | <input type="checkbox"/> IsiZulu |
| <input type="checkbox"/> IsiXhosa | <input type="checkbox"/> Sepedi | <input type="checkbox"/> SeSotho |
| <input type="checkbox"/> Setswana | <input type="checkbox"/> IsiSiswati | <input type="checkbox"/> Xitsonga |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Tshivenda | <input type="checkbox"/> Other |

7. SPECIAL FEATURES / ADDITIONAL INFORMATION

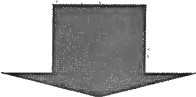
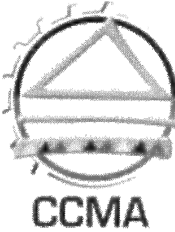

Briefly outline any special features / additional information the CCMA needs to note:

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| <p>CHECK!</p> <p>Have you sent a copy of this completed form to the other party?</p> <p>Have you included proof (that you have sent a copy to the other party with this form?</p> | <p>8. POPIA CONFIRMATION</p> <p>By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.</p> <p>9. CONFIRMATION OF ABOVE DETAILS</p> <p>Form submitted by:</p> <p>.....</p> <p style="text-align: center;">(please print name)</p> <p>Signature:</p> <p>Position:</p> <p>Date:.....</p> <p>Place:.....</p> |
|--|---|

| | | |
|--|--|---|
| <p style="text-align: center;">LRA Form 7.22 Labour Relations Act, 1995, 150C advisory arbitration award</p> <p style="text-align: center; margin-top: 20px;">Read This First</p> <div style="text-align: center; margin: 10px 0;">  </div> <p style="text-align: center;">WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form is used to communicate either party's acceptance or rejection of the advisory arbitration award; to request extension of the period within which the acceptance or rejection of the award should be communicated to the CCMA and/or to request the advisory arbitration panel to reconvene for a certain purpose.</p> <p style="text-align: center; margin-top: 20px;">IMPORTANT INFORMATION</p> <p>Parties must indicate their acceptance or rejection of the advisory arbitration award within seven (7) days from the date on which the award is issued.</p> <p>If a party fails to indicate acceptance or rejection of the award within the seven (7) day period, that party will be deemed to have accepted the award.</p> <p>Any extension of the seven (7) day period must be filed before the period within which the award should be accepted or rejected expires.</p> <p>This form must be served on the other party and proof of service attached to this form.</p> | <p style="text-align: center; font-size: small;">Attachment to section 150C advisory arbitration award</p> <p style="text-align: center;">ACCEPTANCE / REJECTION OF ADVISORY ARBITRATION AWARD, REQUEST FOR EXTENSION OR FOR THE PANEL TO RECONVENE</p> |  CCMA |
| <p style="text-align: right;">CCMA CASE NUMBER:</p> | | |
| <p>1. DETAILS OF THE PARTIES</p> <p>a) Name</p> <p style="margin-left: 40px;"><i>[This is the party accepting, rejecting, requesting the panel or reconvene or requesting an extension]</i></p> <p>b) Name/representative of the other party.....</p> | | |
| <p>2. DETAILS OF THE ADVISORY AWARD:</p> <p>a) Date of Advisory Award:</p> <p>b) Chairperson of the panel:</p> | | |
| <p>3. PART A – ACCEPTANCE / REJECTION OF AWARD</p> <p>Advisory arbitration award accepted <input type="checkbox"/></p> <p>Advisory arbitration award rejected <input type="checkbox"/></p> <p style="margin-top: 10px;">In the event of a rejection of the award, please complete the below:</p> <p>a) Is the award rejected in whole or in part? If in part, which part of the award is rejected?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>b) What steps were taken to consult with members in terms of section 150D and what was the outcome?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | | |
| <p>Case Number</p> | | <p>Please turn over </p> |

4. PART B: REQUEST FOR THE ARBITRATION PANEL TO RECONVENE

It is requested that the advisory arbitration reconvene for the purpose of–

- a) Explaining the award ☐
- b) Mediating based on the award ☐
- c) Variation of the award ☐

If variation of the award is sought:

Does the advisory award contain an obvious error for omission which may be common cause between the parties? ☐ Yes ☐ No

If yes, please identify these obvious errors or omissions.

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If no, please indicate the nature of variations sought:

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5. PART C: REQUEST FOR EXTENSION OF 7 DAY PERIOD

If the commissioner is requested to extend the period within which the parties are required to either accept or reject the award:

Do both parties agree to the extension? ☐ Yes ☐ No

Are there reasonable prospects of acceptance of the award? ☐ Yes ☐ No

Reasons for the extension:

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Number of days for which the extension should be provided:.....


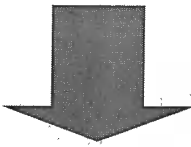
.....
Signature

.....
Date

NOTE: Both parties or their representatives to sign the form where the request for extension or for the panel to reconvene is by mutual agreement between the parties.

.....
Signature

.....
Date

| | | |
|---|---|---|
| <p>LRA Form 7.23</p> <p>Labour Relations Act, 1995</p> <p>S 135 (2A)</p> | <p>APPLICATION FOR EXTENSION OF THE CONCILIATION PERIOD</p> |  <p>CCMA</p> |
| <p>Read This First</p>  <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form is intended to request extension of the 30-day conciliation period.</p> <p>WHO MAY APPLY FOR EXTENSION:</p> <p>The Commissioner or any of the parties to the dispute may request the Director to extend the conciliation period where it is believed that there are prospects of reaching a settlement.</p> <p>FURTHER INFORMATION</p> <p>This Application must be served on all relevant parties.</p> <p>No objection to the application will be considered. The extension is considered on the basis of the information provided by the applicant.</p> <p>Supporting documents may be attached to this form.</p> <p>The application may only be made where the parties can't agree to an extension and the refusal to agree is considered unreasonable.</p> <p>The Extension sought shall not exceed 5 days.</p> <p>The Extension cannot be granted where the employer party is the state.</p> <p>All the information required in this form must be completed.</p> | <p>Case Number:</p> <p>Employee Party:</p> <p>Employer Party:</p> <p>Nature of Dispute:</p> <p>Date of Referral:</p> <p>Date of Conciliation:</p> <p>Number of days extension required:</p> <p>Has the other party refused to extend the conciliation period: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, give reasons why the refusal is considered unreasonable.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Are there prospects of reaching a settlement if the conciliation is extended: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide reasons,</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Provide any other submissions that may be relevant to the request for extension.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Applicant:</p> <p>Signature of requesting party:</p> <p>Date of Request:</p> | |
| | <p>Case Number</p> | <p>Please turn over →</p> |

