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PART 1 OF 2

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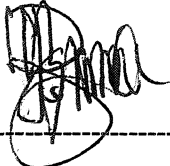
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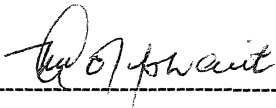
PROCLAMATION*by the**President of the Republic of South Africa***No. R. 87, 2014****COMMENCEMENT OF THE LABOUR RELATIONS AMENDMENT ACT, 2014**

In terms of section 45 of the Labour Relations Amendment Act, 2014, (Act No. 6 of 2014) ("the Act") I hereby determine 1 January 2015 as the date on which the said Act, excluding that portion of Section 37(c) inserting subsection 198(4F) in the Labour Relations Act, 1995, shall come into operation.

Given under my Hand and the Seal of the Republic of South Africa at
.....PRETORIA.....on this24..... day ofNOVEMBER..... Two
Thousand and Fourteen.



J G ZUMA

PRESIDENT**By Order of the President-in-Cabinet**

M N OLIPHANT, MP

MINISTER OF THE CABINET

PROKLAMASIE*van die**President van die Republiek van Suid-Afrika***No. R. 87, 2014****INWERKINGTREDING VAN DIE WYSIGINGSWET OP ARBEIDSVERHOUDINGE
2014**

Kragtens Artikel 45 van die Wysigingswet op Arbeidsverhoudinge, 2014 (Wet Nr. 6 van 2014) (die Wet), verklaar ek hiermee dat die Wet, uitgesonderd daardie gedeelte van Artikel 37(c) wat sub-artikel 198(4F) in die Wet op Arbeidsverhoudinge, 1995, invoeg, op 1 Januarie 2015 in werking tree.

Gegee onder my Hand en die Sêel van die Republiek van Suid-Afrika te PRETORIA op hede die 24 dag van NOVEMBER Tweeduisend en Veertien.



J G ZUMA

PRESIDENT**Op las van die President-in-Kabinet:**

M N OLIPHANT, LP

MINISTER VAN DIE KABINET

**GOVERNMENT NOTICES
GOEWERMENSKENNISGEWINGS**

**DEPARTMENT OF LABOUR
DEPARTEMENT VAN ARBEID**

No. R. 1015

19 December 2014

**LABOUR RELATIONS ACT, 1995
REPEAL OF LABOUR RELATIONS REGULATIONS**

I, **MILDRED NELISIWE OLIPHANT**, Minister of Labour, hereby withdraw the regulations made under section 208 of the Labour Relations Act, 1995 (Act No. 66 of 1995) as published under Government Notice No. R. 938 of 25 July 2002, with effect from **31 December 2014**.

M N OLIPHANT, MP
MINISTER OF LABOUR

No. R. 1015

19 Desember 2014

**HERROEPING VAN REGULASIES VAN DIE
WET OP ARBEIDSVERHOUDINGE, 1995**

Ek, **MILDRED NELISIWE OLIPHANT**, Minister van Arbeid, trek hierby die regulasies uitgevaardig ingevolge artikel 208 van die Wet op Arbeidsverhoudinge, 1995 (Wet No. 66 van 1995) soos gepubliseer by Goewermentskennisgewing No. R. 938 van 25 Julie 2002 in, met ingang van **31 Desember 2014**.

M N OLIPHANT, MP
MINISTER VAN ARBEID

No. R. 1016**19 December 2014****LABOUR RELATIONS AMENDMENT ACT, 2014****REGULATIONS**

I, **MILDRED NELISIWE OLIPHANT**, Minister of Labour, hereby under section 208 of the Labour Relations Act, 1995 (Act No. 66 of 1995) and after consulting NEDLAC and the CCMA, made the regulations in the Schedule with effect from **1 January 2015**.

M N OLIPHANT, MP
MINISTER OF LABOUR

No. R. 1016**19 Desember 2014****WYSIGINGS WET OP ARBEIDSVERHOUDINGE, 2014****REGULASIES**

Ek, **MILDRED NELISIWE OLIPHANT**, Minister van Arbeid, vaardig hierby, kragtens artikel 208 van die Wet op Arbeidsverhoudinge, 1995 (Wet No. 66 van 1995) en na oorlegpleging met NEOAR en die KVBA, die regulasies in die Bylae hierby uit met ingang van **1 Januarie 2015**.

M N OLIPHANT, MP
MINISTER VAN ARBEID

No. R. 1017

19 December 2014

LABOUR RELATIONS AMENDMENT ACT, 2014

INVITATION TO MAKE REPRESENTATIONS

NOTICE IN TERMS OF SECTION 198A: APPLICATION OF SECTION 198A TO EMPLOYEES
EARNING BELOW THE EARNINGS THRESHOLD

1. I, **MILDRED NELISIWE OLIPHANT**, Minister of Labour, do hereby in terms of section 198A(1)(c) of the Labour Relations Amendment Act, 2014, publish a notice in accordance with the provisions of subsections (6) to (8), inviting representations from the public on which categories of work should be deemed to be temporary service by notice to be issued by the Minister in terms of subsection (1)(c) as contemplated by subsection (6).
2. Representations must reach the Department of Labour not later than 90 calendar days after the date of publication of this notice.
3. The Labour Relations Amendment Act is available at the following web address:
www.labour.gov.za
4. Representations should be submitted to the following addresses:

By post or fax:

Department of Labour
Directorate: Collective Bargaining
Attention: Mr I A Macun / Ms S K Mahlangu
Private Bag X 117

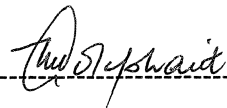
PRETORIA

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Fax nr: (012) 309-4848

By e-mail:Ian.Macun@labour.gov.zaSellinah.Mahlangu@labour.gov.zaStiaan.Meyer@labour.gov.za**Hand deliveries:**

Room 121/117
Laboria House
215 Frances Baard Street
PRETORIA



MN OLIPHANT, MP
MINISTER OF LABOUR

LABOUR RELATIONS ACT, 1995 REGULATIONS**REGULATIONS**

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

CONTENTS OF REGULATIONS**A. INDEX OF LABOUR RELATIONS REGULATIONS**

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LABOUR RELATIONS REGULATIONS**Schedule****1. Definitions**

In these regulations, any word or expression to which a meaning has been assigned in the Act, shall have the meaning so assigned and, unless the context otherwise indicates –

“**annexure**” means a document attached to these regulations;

“**the Act**” means the Labour Relations Act, 1995 (Act No. 66 of 1995);

“**the CCMA or Commission**” means the Commission for Conciliation, Mediation and Arbitration;

“**the Constitution**” means the Constitution of the Republic of South Africa, 1996.

2. Services

Whenever a party is required to satisfy the Registrar that a copy of a referral, objection or other document has been served on another party, the party so required must provide the Registrar with –

- (a) a copy of the proof of mailing the referral, objection or other document by registered post to the other party;
- (b) a copy of the telegram, telex or telefax communicating the referral, objection or other document to the other party;
- (c) a copy of a receipt signed by the other party or on that party's behalf if the copy of the referral, objection or other document was delivered by hand; or
- (d) a statement confirming service signed by the person who delivered a copy of the referral objection or other document to the other party.

3. Subpoenas

(1) A subpoena issued in terms of the Act must be served –

- (a) by delivering a copy of it to the person subpoenaed personally;
- (b) by sending a copy of it by registered post to the subpoenaed person's –
 - (i) residential address;
 - (ii) place of business or employment; or
 - (iii) post office box or private bag number; or
- (c) by leaving a copy of it at the subpoenaed person's residence or place of business or employment with a person who apparently –
 - (i) is at least sixteen years of age; and

(ii) is residing or employed there.

(2) A subpoena issued in terms of section 142(1) of the Act must be in the form of annexure LRA 7.16.

(3) A subpoena issued by a designated agent in terms of section 33 read with item 5 of Schedule 10 of Act must be in the form of annexure LRA 3.10.

(4) A subpoena issued by an arbitrator in terms of section 33A(5)/127(6) read with section 142 must be in the form of annexure LRA 3.10A

4. Witness fees

(1) The fee payable to a witness in terms of section 142(7) of the Act is the total of –

- (a) R300.00 for each day or part of a day during which the witness is required to be present at any proceedings; and
- (b) reasonable substantiated travel and subsistence expenses incurred by the witness in order to be present at those proceedings.

(2) Despite sub-regulation (1), no witness fee may be paid to a person who, at the time of the relevant proceedings, is employed full-time by the state, or is a member of any legislature mentioned in the Constitution.

5. Access to documents

Any person may inspect any document that the Act permits at the Office of the Registrar of Labour Relations, in Pretoria, at any time between 08h30 and 12h00 and between 13h30 and 15h30 on Mondays to Fridays.

6. Fees for documents

(1) Whenever an employer provides an employee with a copy of a collective agreement, arbitration award, or sectoral determination in terms of section 204(c)(i) of the Act, the employer may charge a fee of no more than R0,50 for each page of that copy.

(2) The registrar may charge the fee shown in column 3 of Table LRA 1 for a service listed in column 2 of that Table.

(3) All fees referred to in sub-regulations (2) must be paid in advance in revenue stamps.

Table LRA 1: Table of Document Fees

1 – Section	2 – Service	3 - Fees
Any section	Inspecting a document	R1.00
Any section	Copying a document	R1,00
Any section	Providing a certified copy of a document	R1,00 for each copy, plus R0,50 for each page in the document
25(7)	Providing a certified extract of an auditor's report	R0,50 for each page in the extract
71(4)	Providing a certified copy or extract from a written representation	
110(2)	Providing a certified copy of, or extract from, any of the document referred to in section 110(1)	
110(4)	Providing a certified copy of, or extract from, any document referred to in section 110(3)	
127(7)(b)	Providing a certified copy, or extract from, a document referred to in section 127(7)(a)	
132(6)(b)	Providing a certified copy of, or extract notice referred to in section 132(6)(a)	

7. Form of requests and applications

(1) Whenever a request or application is contemplated in terms of a section of the Act shown in column 1 of Table LRA 2 for a purpose listed in column 2 of that Table, the request or application must be in the form of the annexure listed opposite that section number in column 3 of that Table, and must be produced subject to any conditions listed opposite that section number in column 4 of that Table.

- (2) The Registrar has the power to assign an official to –
- (a) verify from the membership lists the figures furnished in respect of representativeness in an industry or sector; and

- (b) check that applications lodged with the registrar's office meet the requirements.

TABLE LRA 2: Table of Requests and Applications

1 - Section	2 - Purpose	3 - Annexure	4 - Conditions
25(4)(b) and 26(8)	Conscientious objector requests agency fee to be paid to the Department of Labour	LRA 3.1	Agency fee deducted pursuant to the request must be remitted with annexure LRA 3.2
26(8) applying 25(4)(b)	List of deduction from conscientious objector's wages	LRA 3.2	Agency fee deducted pursuant to the request must be remitted with annexure LRA 3.2
29(1)	Application for registration of a bargaining council	LRA 3.3	<ol style="list-style-type: none"> 1. Submit two copies 2. Submit to the Registrar of Labour Relations, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001

1- Section	2 - Purpose	3 - Annexure	4 - Conditions
32(1) & 32()	Bargaining council requests extension of collective agreement to non-parties	LRA 3.5	1. Submit two copies 3. 2. Submit to the Minister, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001
32(1) & read with 43(3)	Statutory council requests extension of collective agreement to non-parties	3.5A	1. Submit two copies 3. Submit to the Minister, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001
32(6)(a)	Council requests to extend the period of, or renew, collective agreement extended to non-parties	LRA 3.6	1. Submit two copies 3. Submit to the Minister, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001
32(7)	Council requests cancellation of collective agreement extended to non-parties	LRA 3.7	1. Submit to the Minister, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001
43(3) applying 33(1)	Council requests appointment of designated agent	LRA 3.8	1. Submit two copies 2. Submit to the Minister, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001
1- Section	2 – Purpose	3 - Annexure	4 – Conditions
34(2)	Amalgamating bargaining council applies for registration	LRA 3.11	1. Submit two copies 2. Submit to the Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria, 0001
38(4)	Referring public service jurisdictional dispute for	LRA 3.13	1. Proof of service on the other party

	arbitration		2. Submit to CCMA National Office, 28 Harrison Street Johannesburg. Private Bag X 94 Marshalltown, 2107
39(2)	Trade union applies for establishment of a statutory council	LRA 3.14	1. Submit two copies 2. Submit to the Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria, 0001
39(2)	Employers' organisation applies for establishment of a statutory council	LRA 3.15	1. Submit two copies 2. Submit to the Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria, 0001
48(1)	Statutory council applies to register as a bargaining council	LRA 3.19	1. Submit two copies 2. Submit to the Registrar of Labour Relations Department of Labour, Private Bag X117, Pretoria, 0001
58	Council applies for variation of scope of registration	LRA 3.22	1. Submit two copies 2. Submit to the Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria, 0001
1- Section	2 – Purpose	3 - Annexure	4 – Conditions
62(1)	Application about demarcation dispute	LRA 3.23	1. Proof of service on the other party 2. Submit to the Registrar Regional Office of the CCMA
69(4)	Request to establish	LRA 4.1	1. Send a copy of request to other

	picketing rules		<p>party</p> <p>2. Proof of service on the other party</p> <p>3. Submit to the Registrar, Regional Office of the CCMA</p>
70B(2), 70(3)	Bargaining council request for essential service investigation	LRA 4.7	<p>1. Copy of current certificate of accreditation</p> <p>2. Submit to the Essential Services Committee c/o CCMA 28 Harrison Street Johannesburg 2001 Private Bag X94 Marshalltown, 2107</p>
70B(2)	Interested party requests essential service investigation	LRA 4.7A	<p>1. Copy of current certificate of accreditation</p> <p>2. Submit to the Essential Services Committee c/o CCMA 28 Harrison Street Johannesburg 2001 Private Bag X 94 Marshalltown, 2107</p>
72(1)	Referring dispute for conclusion of a collective agreement providing for a minimum service agreement	LRA 4.8A	<p>1. Proof of service on the other party</p> <p>2. Submit to the Essential Services Committee c/o CCMA 28 Harrison Street Johannesburg 2001 Private Bag X94 Marshalltown, 2107</p>
72(3)	Request for ratification of collective agreement providing for	LRA 4.8	<p>1. Proof of service on the other party</p> <p>2. Submit to the Essential</p>

	maintenance of minimum services		Services Committee c/o CCMA 28 Harrison Street Johannesburg 2001 Private Bag X94 Marshalltown, 2107
75(2)	Employer applies for maintenance service determination	LRA 4.3	1. Proof of service on the other party 2. Submit to the Essential Services Committee c/o CCMA 28 Harrison Street Johannesburg 2001 Private Bag X94 Marshalltown, 2107
80(2)	Representative trade union applies to establish a work-place forum	LRA 5.1	1. Proof of service on the other party 2. Submit to the Registrar, Regional Office of the CCMA
81(1)	Representative trade union applies to establish a trade union based work-place forum	LRA 5.2	1. Proof of service on the other party 2. Submit to the Registrar, Regional Office of the CCMA

1- Section	2 – Purpose	3 - Annexure	4 – Conditions
96(1)	Application for registration of a trade union	LRA 6.1	1. Submit two copies 2. Submit to the Registrar of Labour Relations, , Department of Labour, Private Bag X117, Pretoria, 0001
96(1)	Application for registration of an employers' organisation	LRA 6.2	1. Submit two copies 2. Submit to the Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria, 0001
99(a)	List of members to be kept by a trade union	LRA 6.5	
99(a)	List of members to be kept by an employers' organisation	LRA 6.6	
102(2)	Application by amalgamating trade unions for registration	LRA 6.9	1. Submit two copies 2. Submit to the Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria, 0001
102(2)	Application by amalgamating employers' organisation for registration	LRA 6.10	1. Submit two copies 2. Submit to the Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria, 0001
127(1)	Council applies for accreditation/renewal of accreditation	LRA 7.1	1. Attach a copy of registration, a copy of the council's code of conduct and the motivation for accreditation to the form 2. Submit to the Governing Body of the CCMA
127(1)	Private Agency applies for accreditation / renewal of accreditation	LRA 7.2	1. Attach a copy of the agency's code of conduct and the motivation for accreditation to the form

1- Section	2 – Purpose	3 - Annexure	4 – Conditions
			2. Submit to the Governing Body of the CCMA
129(1) & 131(1)	Council/private agencies applies to amend its accreditation	LRA 7.5	1. Attach a copy of the current certificate of accreditation 2. Submit to the Governing Body of the CCMA
131(1)	Council applies to renew its accreditation	LRA 7.6	No longer in use, combined in LRA Form 7.5
131(1)	Private agency applies to renew its accreditation	LRA 7.7	No longer in use, combined in LRA Form 7.5
132(1) & (8)	Council applies for subsidy/renewal of subsidy	LRA 7.8	1. Attach a copy of the current certificate of accreditation (if applicable) and motivation 2. Submit to the CCMA National Office, 28 Harrison Street, Johannesburg, 2001. Private Bag X 94, Marshalltown, 2107.
132(1)	Private agency applies for subsidy	LRA 7.9	Form deleted
132(8)(a)	Council or private agency applies for renewal of subsidy	LRA 7.10	No longer in use, combined in LRA Form 7.8
136, 10 of the EEA and 41 of the BCEA	Request for arbitration	LRA 7.13	1. Proof of service on the other party 2. Submit to the Registrar, Regional Office of the CCMA
137(1)	Application to the Director of the CCMA to appoint a senior commissioner to arbitrate	LRA 7.15	1. Proof of service on the other party 2. Submit to the Commissioner in charge of the Regional Office of the CCMA.
1- Section	2 – Purpose	3 - Annexure	4 – Conditions
115 and 138(10)	Referral of cost dispute	LRA 7.17	1. Proof of service on the other party

Rule 39 of the CCMA Rules			2. Submit to the Registrar, Regional Office of the CCMA
143	Application to certify CCMA Award	LRA 7.18	Submit to the Registrar, Regional Office of the CCMA
143 and 51(8)	Application to certify Bargaining Council Award	LRA 7.18A	Submit to the General Secretary of the relevant Bargaining Council
188A	Request for inquiry by Arbitrator	LRA 7.19	1. Proof of service on the other party 2. Submit to the Registrar, Regional Office of the CCMA
189A	Request for operational requirements facilitation	LRA 7.20	1. Proof of service on the other party 2. Submit to the Registrar, Regional Office of the CCMA
200A(3)	Request for advisory award on whether a person is an employee	LRA 7.21	1. Proof of service on the other party 2. Submit to the Registrar, Regional Office of the CCMA

8. Form of certificates or particulars

(1) A certificate issued in terms of section 64(1)(a)(i), 135(5)(a) or 136(1)(a) of the Act must be in the form of annexure LRA 7.12.

(2) Whenever a certificate or statement of particulars is contemplated in terms of a section of the Act shown in column 1 of Table LRA 3 for a purpose listed in column 2 of that Table, the document must be in the form of the annexure listed opposite that section number in column 3 of that Table, and must be produced subject to any conditions listed opposite that section number in column 4 of that Table.

Table LRA 3 – Table of Certificates and Particulars

1- Section	2 – Purpose	3 - Annexure	4 - Conditions
29(15)(a)	Certificate of registration of bargaining council	LRA 3.4	Must bear the official stamp of the Registrar of Labour Relations
33(2)	Certificate of appointment as a designated agent of a council	LRA 3.9	Must bear the official stamp of the secretary of the council
42(a)	Certificate of registration of a statutory council	LRA 3.16	Must bear the official stamp of the Registrar of Labour Relations
49(3)	Council submits particulars of representativeness of the council's registered scope	LRA 3.20	1. Submit two copies 2. Submit to the Registrar of Labour Relations, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001
49(2)	Council submits particulars of representativeness of parties to a collective agreement	LRA 3.20A	1. Submit two copies 2. Submit to the Registrar of Labour Relations, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001
49(4)	Certificate of representativeness of a council	LRA 3.21	Must bear the official stamp of the Registrar of Labour Relations
49(2)	Certificate of representativeness of parties to a collective agreement	LRA 3.21A	Must bear the official stamp of the Registrar of Labour Relations

1- Section	2 – Purpose	3 - Annexure	4 - Conditions
54(2)(f)	Council submits particulars of small enterprises	LRA 3.20B	Submit to the Registrar of Labour Relations, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001 annually by end of January covering the previous calendar year ending 31 December
54(2)(f)	Council submits particulars of exemptions and enforcement	LRA 3.20C	Submit to the Registrar of Labour Relations, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001 annually by end of January covering the previous calendar year ending 31 December
135(5)(a), 64(1)(a)(i) and 136(1)(a)	Certificate of outcome of dispute referred to conciliation	LRA 7.12	Must bear the official stamp of the CCMA, council or agency
96(7)(a)	Certificate of registration of a trade union	LRA 6.3	Must bear the official stamp of the Registrar of Labour Relations
96(7)(a)	Certificate of registration of an employers' organisation	LRA 6.4	Must bear the official stamp of the Registrar of Labour Relations
127(5)(a)(ii)	Certificate of accreditation of council	LRA 7.3	1. Must include terms of accreditation 2. Must bear official stamp of the CCMA
127(5)(a)(ii)	Certificate of accreditation of private agency	LRA 7.4	1. Must include terms of accreditation 2. Must bear official stamp of the CCMA

9. Form of notices, demands and appeals

Whenever a notice, demand or appeal is contemplated in terms of a section of the Act shown in column 1 of Table LRA 4 for a purpose listed in column 2 of that Table, the document must be in the form of the annexure listed opposite that section number in column 3 of that Table, and must be produced subject to any conditions listed opposite that section number in column 4 of that Table.

Notices, Demands and Appeals – LRA 4

1- Section	2 – Purpose	3 - Annexure	4 - Conditions
77(1)(b)	Notice to NEDLAC about possible protest action	LRA 4.4	Submit to the Executive Director of NEDLAC
77(1)(d)	Notice to NEDLAC of intention to proceed with protest action	LRA 4.5	<ol style="list-style-type: none"> 1. Submit to the Executive Director of NEDLAC 2. Must be received at least 14 days before the start of the protest action
136(3)	Notice of objection to arbitration by same commissioner	LRA 7.14	<ol style="list-style-type: none"> 1. Proof of service on other party is required 2. Submit to Registrar, Regional Office of the CCMA
33(3) read with item 5 of Schedule 10	Subpoena by designated agent	LRA 3.10	Signed by Designated Agent of Council
33A(5)/127(6) read with 142	Subpoena by council arbitrator	LRA 3.10A	Signed by Secretary/Regional Secretary of Council
70D and 71	Subpoena by panel appointed by the Essential Services Committee	LRA 4.6	Signed by the Chairperson or Deputy Chairperson of the Essential Services Committee
142(1)(a), (b) and (c)	Subpoena by Commissioner	LRA 7.16	Signed by Director of CCMA

10. Forms of records, reports, statements, lists and registers

Whenever a record, report, statement, list or register is contemplated in terms of section of the Act shown in column 1 of Table LRA 5 for a purpose listed in column 2 of that Table, the document must be in the form of the annexure listed opposite that section number in column 3 of that Table, and must be produced subject to any conditions listed opposite that section number in column 4 of that Table.

Records, Reports, Statements, Lists and Registers – LRA 5

1- Section	2 – Purpose	3 - Annexure	4 – Conditions
25(4)(b) and 26(8)	Conscientious objector request agency fee to be paid to Department	LRA 3.1	<ol style="list-style-type: none"> 1. Agency fee deducted must be remitted with this form 2. Submit two copies 3. Submit to the Chief Director: Provincial Operations of the Department of Labour
25(4) as applied by section 26(8)	List of deductions from conscientious objectors' wages	LRA 3.2	<ol style="list-style-type: none"> 1. Agency fee deducted must be remitted with this form 2. Submit two copies 3. Submit to the Chief Director: Provincial Operations of the Department of Labour
44(1) and 44(2)	Submission of collective agreement of statutory council to Minister for promulgation as a determination	LRA 3.17	<ol style="list-style-type: none"> 1. Submit two copies 2. Submit to the Minister of Labour, c/o the Director General, Department of Labour, Private Bag X117, Pretoria 0001.
100(a)	Number of trade union members	LRA 6.7	<ol style="list-style-type: none"> 1. Submit to the Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria, 0001 2. Must reach the Registrar of Labour Relations by 31 March each year

100(a)	Number of employers' organisation members	LRA 6.8	<ol style="list-style-type: none">1. Submit to the Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria, 00012. Must reach the Registrar of Labour Relations by 31 March each year
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1- Section	2 – Purpose	3 - Annexure	4 - Conditions
205(1)	Employers' record of employees' earnings, deductions and time worked	LRA 9.1	<ol style="list-style-type: none"> 1. Submit two copies 2. Submit to the Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria, 0001
205(3)(a)	Record of strike, lock-out or protest action	LRA 9.2	<ol style="list-style-type: none"> 1. Submit to the Registrar of Labour Relations, Department of Labour, Private Bag X 117, Pretoria, 0001 2. Must be submitted within two months of the end of the strike, lock-out or protest action

11. Form of proposals, resolutions and referrals

(1) A request to the Commission to arbitrate a dispute in terms of sections 16(9), 21(7), 21(11), 22(4), 24(5), 24(6), 45(4), 61(13), 74(4), 86(7), 89(6), 94(4), 133(2)(b), 141(1) or 191(5)(a), 198, 198A - C of the Act, section 10 of the Employment Equity Act, 1998, section 41 of the Basic Conditions of Employment Act, 1997 and section 19 of the Skills Development Act, 1998 must be made in the form of annexure LRA 7.13.

(2) A referral of a dispute to the Commission for conciliation in terms of sections 9(1), 16(6), 21(4), 21(11), 22(1), 24(2), 24(6), 26(11), 45(1), 61(10), 63(1), 64(1)(a), 64(2), 69(8), 74(1), 86(4)(b), 89(3), 94(1), 134, 191(1), 198, 198A – C of the Act, section 10 of the Employment Equity Act, 1998, sections 41 and 80 of the Basic Conditions of Employment Act, 1997, and section 19 of the Skills Development Act, 1998 by the Commission, must be made in the form of annexure LRA 7.11.

(3) Whenever a proposal, resolution or referral is contemplated in terms of a section of the Act shown in column 1 of Table LRA 6, for a purpose listed in column 2 of that Table, the document must be in the form of the annexure listed opposite that section number in column 3 of that Table, and must be produced subject to any conditions listed opposite that section number in column 4 of that Table.

Proposals, Resolutions and Referrals – LRA 6

1- Section	2 – Purpose	3 - Annexure	4 - Conditions
38(3)	Referring a Public Service jurisdictional disputes for conciliation	LRA 3.12	<ol style="list-style-type: none"> 1. Proof of service on other party 2. Submit to the CCMA National Office: 28 Harrison Street Johannesburg Private Bag X94 Marshalltown 2107
44(5)	Statutory council requests Minister to amend or extend the period of a determination	LRA 3.18	<ol style="list-style-type: none"> 1. Submit two copies 2. Submit to the Minister of Labour, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001
73(1)	Referring disputes for determination as an essential service	LRA 4.2	<ol style="list-style-type: none"> 1. Proof of service on other party 2. Submit to Essential Services Committee c/o CCMA 28 Harrison Street Johannesburg, 2001 Private Bag X94 Marshalltown, 2107
72(8)	Referring a dispute arising from negotiations concerning minimum service agreement for determination	LRA 4.2A	<ol style="list-style-type: none"> 1. Proof of service on other party 2. Submit to Essential Services Committee c/o CCMA 28 Harrison Street Johannesburg, 2001 Private Bag X94 Marshalltown, 2107
21, 24,133, 135, 191(1), 191(5A), 198 and 198A, 198B, 198C, 198D, 10 of EEA and 41 of BCEA	Referring a dispute to the CCMA for conciliation (including Con -Arb)	LRA 7.11	<ol style="list-style-type: none"> 1. Proof of service on other party 2. Submit to Registrar, Regional Office of the CCMA

12. Labour Court

The oath to be taken or solemn affirmation to be made before the Judge President of the Labour Court in terms of section 154(6) of the Act by a person who has been appointed a judge of the Labour Court and who is not a judge of a High Court, must be in the following form:

“I swear/solemnly affirm that, as a Judge of the Labour Court, I will be faithful to the Republic of South Africa, will uphold and protect the Constitution; and will administer justice to all persons alike without fear, favor or prejudice, in accordance with the Constitution and the law.”

(In the case of an oath: “So help me God”.)

13. Chief Director: Provincial Operations, Department of Labour

Whenever the Act or a regulation requires a document to be delivered to the Provincial Executive Manager of the Department of Labour within a particular jurisdiction, any document in respect of a matter within a geographical jurisdiction listed in column 1 of Table LRA 7 must be delivered to the Provincial Executive Manager, Department of Labour at the address shown opposite that jurisdiction in column 2 of that Table.

Chief Director: Provincial Operations – LRA 7

Geographical Jurisdiction	Address
Eastern Cape Province	3 Hill Street Laboria Building East London 5200 Tel. no: 043 701 3000 Fax no. 043 722 1012
Free State Province	43 National House Charlotte Maxeke Street Bloemfontein 9300 Tel no: 051 505 6200 Fax no: 051 447 9353
Gauteng Province: Gauteng North in the Magisterial District of Benoni, Bronkhorstspuit, Cullinan, Krugersdorp, Nigel, Pretoria, Randfontein, Soshanguve 1-2, Springs and Wonderboom	239 Nana Sita Street Concillium Building Pretoria 0001 Tel no: 012 309 5000/5050 Fax no: 012 320 5627

Gauteng Province: Gauteng South in the Magisterial Districts of Alberton, Boksburg, Brakpan, Germiston, Heidelberg, Johannesburg, Kempton Park, Oberholzer, Randburg, Roodepoort, Vanderbijlpark, Vereeniging and Westonaria	77 De korte Street Braamfontein Johannesburg 2000 Tel no: 011 853 0300 Fax no: 011 853 0470
Kwazulu-Natal Province	267 Anton Lembede Royal Hotel Building Durban 4000 Tel no: 031 366 2000 Fax no: 031 366 2300
Limpopo Province	42A Schoeman Street Polokwane 0700 Tel no: 015 290 1744 Fax no: 015 290 1608
Mpumalanga Province	Corner Hofmeyer and Beatty Avenue Witbank 1035 Tel no: 013 655 8715 Fax no: 013 690 2622

North West Province	Provident House 2 nd Floor (SEBO Building) University Drive Mmabatho 2735 Tel no: 018 387 8102 Fax no: 018 384 2597
Northern Cape Province	No 13 Cnr Pniel/Compound Street Latoria House Kimberly 8300 Tel no: 053 838 1500 Fax no: 053 832 4798
Western Cape Province	22 Parade Street Thomas Boydell Building Cape Town 8000 Tel no: 021 468 5500 Fax no: 021 465 5110

14. Regional Offices of the CCMA

REGIONAL OFFICES OF THE CCMA		 CCMA
CCMA NATIONAL OFFICE 28 Harrison Street, Johannesburg, 2001 Private Bag X94, Marshalltown, 2107 Tel: 011-377-6650/01/00 Fax: 011-834-7351 Email: ho@ccma.org.za	CCMA GAUTENG – Tshwane 2 nd Floor, Metro Park Building, 351 Francis Baard Street, Pretoria, 0002 Private Bag X176, Pretoria, 0001 Tel: 012-317-7800 Fax: 012-392-9702/012-320-4633/04 Email: pta@ccma.org.za	CCMA LIMPOPO CCMA House, 104 Hans van Rensburg Street, Polokwane, 0699 Private Bag X9512, Polokwane, 0700 Tel: 015-287-7400 Fax: 015- 297-1649 Email: ptb@ccma.org.za
CCMA EASTERN CAPE – East London 6 Oxford Street (Cnr Church Street), East London, 5201 Private Bag X9068, East London, 5200 Tel: 043-711-5400 Fax: 043-743-0810 Email: el@ccma.org.za	CCMA GAUTENG – Vaal Cnr. Kruger Avenue & Edward Street, Vereeniging, 1939 Private Bag X010, Vereeniging, 1930 Tel: 016-440-2700 Fax: 016-422-6837/5285/1859/1959 Email: johannesburg@ccma.org.za	CCMA MPUMALANGA CCMA House, 69 Kruger Street, Witbank, 1035 Private Bag X7290, Witbank, 1035 Tel: 013- 655-2600/01 Fax: 013- 656-2885/6 Email: wtb@ccma.org.za
CCMA EASTERN CAPE – Port Elizabeth 97 Govan Mbeki Avenue, Port Elizabeth, 6001 Private Bag X22500, Port Elizabeth, 6000 Tel: 041-509-1000 Fax: 041-586-4410/4585 Email: pe@ccma.org.za	CCMA KWAZULU-NATAL – Durban Ground, 6 th & 7 th Floors, Embassy Building, 199 Anton Lembede Street, Durban, 4001 Private Bag X54363, Durban, 4000 Tel: 031-362-2300 Fax: 031-368-7387/7407 Email: kzn@ccma.org.za	CCMA NORTHERN CAPE – Kimberley CCMA House, 5-13 Compound Street, Kimberley, 8301 Private Bag X6100, Kimberley, 8300 Tel: 053- 836-7300 Fax: 053- 831-5947/8 Email: kmb@ccma.org.za

<p>CCMA FREE STATE – Bloemfontein CCMA House, Cnr. Elizabeth & West Burger Streets, Bloemfontein, 9301 Private Bag X20705, Bloemfontein, 9300 Tel: 051-411-1700 Fax: 051-448-4468/9 Email: blm@ccma.org.za</p>	<p>CCMA KWAZULU-NATAL – Newcastle Rams TV Centre, 71 Scott Street, Newcastle, 2940 Private Bag X6622, Newcastle, 2940 Tel: 034-328-2400 Fax: 034-312-5964 Email: kzn@ccma.org.za</p>	<p>CCMA NORTH WEST – Klerksdorp CCMA House, 47 Siddle Street, Klerksdorp, 2570 Private Bag X5004, Klerksdorp, 2571 Tel: 018-487-4600 Fax: 018-462-4126/4053/018-487-4148 Email: kdp@ccma.org.za</p>
<p>CCMA FREE STATE – Welkom Phakisa House, Cnr. Ryk & Heeren Streets, Welkom, 9459 Private Bag X10213, Welkom, 9460 Tel: 057-910-8300 Fax: 057-352-8774/8409 Email: blm@ccma.org.za</p>	<p>CCMA KWAZULU-NATAL – Pietermaritzburg CCMA House, 180 Langalibalele Street, Pietermaritzburg, 3201 P.O. Box 72, Pietermaritzburg, 3200 Tel: 033-328-5000 Fax: 033-345-9790 Email: kzn@ccma.org.za</p>	<p>CCMA NORTH WEST - Rustenburg 1st Floor, CCMA House, 43-45 Boom Street, Rustenburg, 0299 Private Bag X82104, Rustenburg, 0300 Tel: 014-591-6400 Fax: 014-592-5236 Email: kdp@ccma.org.za</p>
<p>CCMA GAUTENG – Ekurhuleni CCMA Place, Cnr. Woburn & Rothsay Streets, Benoni, 1501 Private Bag X23, Benoni, 1500 Tel: 011-845-9000 Fax: 011-421-4723/48 Email: ekurhuleni@ccma.org.za</p>	<p>CCMA KWAZULU-NATAL – Port Shepstone The Chambers, 68 Nelson Mandela Drive, Port Shepstone, 4240 Private Bag X849, Port Shepstone, 4240 Tel: 039-688-3700/02 Fax: 039-684-1771 Email: kzn@ccma.org.za</p>	<p>CCMA WESTERN CAPE – Cape Town CCMA House, 1 Heerengracht Street, Cape Town, 8001 Private Bag X9167, Cape Town, 8000 Tel: 021- 469-0111 Fax: 021-465-7193/97/87/021- 462-5006 Email: ctn@ccma.org.za</p>
<p>CCMA GAUTENG – Johannesburg Regional Office CCMA House, 127 Fox Street, Johannesburg, 2001 Private Bag X96, Marshalltown, 2107 Tel: 011-220-5000 Fax: 011-220-</p>	<p>CCMA KWAZULU-NATAL – Richards Bay 2nd Floor, ABSA Building, Lakeview Terrace, 7 Trinidad Parking Area, Richards Bay, 3901 Private Bag X1026, Richards Bay, 3900 Tel: 035-799-3300 Fax: 035-789-7148 Email: kzn@ccma.org.za</p>	<p>CCMA WESTERN CAPE – George 2 Cathedral Square, 62 Cathedral Street, George, 6529 Private Bag X6650, George, 6530 Tel: 044-805-7700/01 Fax: 044-873-2906 Email: ctn@ccma.org.za</p>

5101/02/03/04/05/0 861-392-262 Email: johannesburg@cc ma.org.za		
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15. Short title and commencement

- (1) These regulations are called the Labour Relations Regulations.
- (2) These regulations come into operation on **1 January 2015**

B. INDEX OF FORMS ANNEXED TO REGULATIONS

1. Organised according to the sequence of the Act

Chapter 1	Purpose, Application and Interpretation	No forms
Chapter 2	Freedom of Association and General Protections	No forms
Chapter 3	Collective Bargaining	
LRA Form 3.1	Conscientious objector requests agency fees to be paid to the Department	Section 25(4)(b) and 26(8)
LRA Form 3.2	List of deductions from conscientious objector's wages	Section 25(4)(b) as applied by section 26(8)
LRA Form 3.3	Application for registration of a bargaining council	Section 29(1)
LRA Forms 3.4	Certificate of registration of a bargaining council	Section 29(15)(a)
LRA Form 3.5	Bargaining council requests extension of collective agreement to non-parties	Section 32(1) & 32(5)
LRA Form 3.5A	Statutory council requests extension of collective agreement to non-parties	Section 32(1) read with section 43(3)
LRA Form 3.6	Request to extend period of, or renew, collective agreement extended to non-parties	Section 32(6)(a)

LRA Form 3.7	Council requests cancellation of notice extending collective agreement to non-parties	Section 32(7)
LRA Form 3.8	Council requests appointment of designated agent	Sections 33(1) and 43(3)
LRA Form 3.9	Certificate of appointment as designated agent of council	Section 33(2)
LRA Form 3.10	Subpoena by designated agent	Section 33(3) read with item 5 of Schedule 10
LRA Form 3.10A	Subpoena by council arbitrator	Section 33A(5) / 127(6) read with section 142

LRA Form 3.11	Amalgamating bargaining council applies for registration	Section 34(2)
LRA Form 3.12	Referring public service jurisdictional disputes for conciliation	Section 38(3)
LRA Form 3.13	Referring public service jurisdictional disputes for arbitration	Section 38(6)
LRA Form 3.14	Trade union applies for establishment of a statutory council	Section 39(2)
LRA Form 3.15	Employers' organisation applies for establishment of a statutory council	Section 39(2)

LRA Form 3.16	Certificate of registration of a statutory council	Section 42(a)
LRA Form 3.17	Submission of collective agreement of statutory council to Minister for promulgation as a determination	Section 44(1) and 44(2)
LRA Form 3.18	Statutory council requests Minister to amend or extend period of determination	Section 44(5)
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LRA Form 3.20B	Council submits particulars of small enterprises	Section 54(2)(f)
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LRA Form 3.22	Council applies for variation of scope of registration	Section 58
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LRA Form 4.2	Referring disputes for determination as an essential service	Section 73(1)
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LRA Form 4.5	Notice to NEDLAC of intention to proceed with protest action	Section 77(1)(d)
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LRA Form 4.7	Bargaining council request for essential service investigation	Section 70B(2)
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LRA Form 6.6	List of members to be kept by employers' organisation	Section 99(a)
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LRA Form 6.8	Number of employers' organisation members	Section 100(a)
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LRA Form 7.3	Certificate of accreditation of council	Section 127(5)(a)(ii)
LRA Form 7.4	Certificate of accreditation of private agency	Section 127(5)(a)(ii)
LRA Form 7.5	Council or private agency applies to amend accreditation	Section 129(1)
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LRA Form 7.10	No longer in use, combined into LRA Form 7.5	
LRA Form 7.11	Referring a dispute to the CCMA for conciliation (including Con-Arb)	Sections 9, 16, 21, 22, 24, 26, 45, 61, 63, 64, 72, 74, 86, 89, 94, 134, 191(1), 198 and 198A – C Employment Equity Act, 1998 Section 10 Basic Conditions of Employment Act, 1997 Sections 41 and 80 Skills Development Act, 1998 Section 19
LRA Form 7.12	Certificate of outcome of dispute referred for conciliation	Sections 64(1)(a)(i), 135(5)(a), 136(1)(a)
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2. Organised according to activities and Organisations		
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Referring public service jurisdictional disputes for arbitration	Section 38(6)	LRA Form 3.13
Request for arbitration	Sections 16, 21, 22, 24, 45, 61, 74, 86, 94, 133, 141, 191, 198, 198A – C Employment Equity Act, 1998 Section 10 Basic Conditions of Employment Act, 1997 Section 41 Skills Development Act, 1998 Section 19	LRA Form 7.13
Notice of objection to arbitration by same Commissioner	Section 136(3)	LRA Form 7.14
Application to appoint Senior Commissioner to arbitrate	Section 137(1)	LRA Form 7.15
Request for Taxation	Rule 39 of the CCMA Rules	LRA Form 7.17

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Application to certify CCMA Award	Section 143	LRA Forms 7.18
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Application for registration of a bargaining council	Section 29(1)	LRA Form 3.3
Certificate of registration of bargaining council	Section 29(15)(a)	LRA Form 3.4
Bargaining council requests extension of collective agreement to non-parties	Section 32(1) & 32(5)	LRA Form 3.5
Statutory council requests extension of collective agreement to non-parties	Section 32(1) read with Section 43(3)	LRA Form 3.5A
Council requests to extend period of, or renew, collective agreement extended to non-parties	Section 32(6)(a)	LRA Form 3.6
Bargaining council requests cancellation of notice extending collective agreement to non-parties	Section 32(7)	LRA Form 3.7
Council requests appointment of designated agent	Section 33(1) and	LRA Form

	43(3)	3.8	
Certificate of appointment as designated agent of Council	Section 33(3)	LRA 3.9	Form
Subpoena by designated agent	Section 33(3) read with item 5 of Schedule 10	LRA 3.10	Form
Subpoena by council arbitrator	Section 33A(5)/127(6) read with section 142	LRA 3.10A	Form
Amalgamating bargaining council applies for registration	Section 34(2)	LRA 3.11	Form
Statutory council applies to register as a bargaining council	Section 48(1)	LRA 3.19	Form
Council submits particulars of representativeness if its registered scope	Section 49(3)	LRA 3.20	Form
Council submits particulars of representativeness of parties to collective agreement	Section 49(2)	LRA 3.20A	Form
Council submits particulars of small enterprise	Section 54(2)(f)	LRA 3.20B	Form
Council submits particulars of exemptions and enforcement	Section 54(2)(f)	LRA 3.20C	Form
Certificate of representativeness of council	Section 49(4)	LRA 3.21	Form
Certificate of representativeness of parties to a collective agreement	Section 49(2)	LRA 3.21A	Form

Council applies for variation of scope of registration	Section 58	LRA Form 3.22
Bargaining Council request for essential service investigation	Section 70(3)	LRA Form 4.7
Request for certification of collective agreement providing in maintenance of minimum services	Section 72	LRA Form 4.8
Council applies for accreditation	Section 127(1)	LRA Form 7.1
Private agency applies for accreditation	Section 127(1)	LRA Form 7.2
Certificate of accreditation of Council	Section 127(5)(a)(ii)	LRA Form 7.3
Certificate of accreditation of Private Agency	Section 127	LRA Form 7.4
Council or private agency applies to amend accreditation	Section 129(1)	LRA Form 7.5
Council applies to renew accreditation	Section 131(1)	LRA Form 7.6, No longer in use, combined in LRA Form 7.5
Private agency applies to renew accreditation	Section 131(1)	LRA Form 7.7, No longer in use, combined LRA Form 7.5
Council applies for subsidy	Section 132(1)	LRA Form

		7.8
Private agency applies for subsidy	Section 132(1)	LRA Form 7.9, Form deleted
Council or private agency applies for renewal of subsidy	Section 132(8)(a)	LRA Form 7.10, No longer in use, combined in LRA Form 7.8
CCMA		
Referring public service jurisdictional disputes for conciliation	Section 38(3)	LRA Form 3.12
Referring public service jurisdictional disputes for arbitration	Section 38(6)	LRA Form 3.13
Application about demarcation dispute	Section 62(1)	LRA Form 3.23
Request to establish picketing rules	Section 69(4)	LRA Form 4.1
Referring disputes for determination as an essential service	Section 73(1)	LRA Form 4.2
Referring disputes regarding minimum service agreements for conciliation	Section 72(1) and (8)	LRA Form 4.2A
Referring a dispute arising from negotiations concerning minimum service agreement for determination	Section 72(8)	LRA Form 4.2B
Employer applies for maintenance service determination	Section 75(2)	LRA Form 4.3
Representative trade union applies to establish a workplace forum	Section 80(2)	LRA Form 5.1

Representative trade union applies to establish a trade-union-based workplace forum	Section 81(1)	LRA Form 5.2
Council applies for accreditation	Section 127(1)	LRA Form 7.1
Private agency applies for accreditation	Section 127(1)	LRA Form 7.2
Certificate of accreditation of Council	Section 127(5)(a)(ii)	LRA Form 7.3
Certificate of accreditation of private agency	Section 127(5)(a)(ii)	LRA Form 7.4
Council or private agency applies to amend accreditation	Section 129(1)	LRA Form 7.5
Council applies to renew accreditation	Section 131(1)	LRA Form 7.6. No longer in use, combined in LRA Form 7.5
Private agency applies to renew accreditation	Section 131(1)	LRA Form 7.7. No longer in use, combined in LRA Form 7.5
Council applies for subsidy	Section 132(1)	LRA Form 7.8

Private agency applies for subsidy	Section 132(1)	LRA Form 7.9. Form deleted
Council or private agency applies to renew subsidy	Section 132(8)(a)	LRA Form 7.10. No longer in use, combined in LRA Form 7.8
Referring a dispute to the CCMA for conciliation (including Con-Arb)	Sections 9, 16, 21, 22, 24, 26, 45, 61, 63, 64, 72, 74, 86, 89, 94, 134, 191(1), 198 and 198A – C Employment Equity Act, 1998 Section 10 Basic Conditions of Employment Act, 1997 Sections 41 and 80 Skills Development Act, 1998 Section 19	LRA Form 7.11
Certificate of outcome of dispute referred for conciliation	Section 64(1)a)(i), 135(5)(a), 136(1)(a)	LRA Form 7.12
Request for arbitration	Sections 16, 21, 22, 24, 45, 61, 74, 86, 94, 133, 141, 191, 198, 198A – C Employment Equity Act, 1998 Section 10 Basic Conditions of Employment Act, 1997 Section 41	LRA Form 7.13

	Skills Development Act, 1998 Section 19		
Notice of objection to arbitration by same Commissioner	136(3)	LRA Form 7.14	
Application to appoint Senior Commissioner to arbitrate	Section 137(1)	LRA Form 7.15	
Subpoena by Commissioner	Section 142(1)(a), (b) and (c)	LRA Form 7.16	
Request for pre-dismissal arbitration	Section 188A	LRA Form 7.19	
Request for section 189A operational requirements facilitation	Section 189A	LRA Form 7.20	
Request for advisory award on whether a person is an employee	Section 200A(3)	LRA Form 7.21	
Collective Agreements			
Bargaining council requests extension of collective agreement to non-parties	Section 32(1) and 32(5)	LRA Form 3.5	
Request to extend period of, or renew, collective agreement extended to non-parties	Section 32(6)(a)	LRA Form 3.6	
Council requests cancellation of notice extending collective agreement to non-parties	Section 32(7)	LRA Form 3.7	
Request for ratification of collective agreement providing for maintenance of minimum services	Section 72	LRA Form 4.8	

Conciliation			
Referring public service jurisdictional dispute for conciliation	Section 38(3)	LRA 3.12	Form
Referring a dispute to the CCMA for conciliation (Including Con-Arb)	Sections 9, 16, 21, 22, 24, 26, 45, 61, 63, 64, 72, 74, 86, 89, 94, 134, 191(1), 198 and 198A – C Employment Equity Act, 1998 Section 10 Basic Conditions of Employment Act, 1997 Sections 41 and 80 Skills Development Act, 1998 Section 19	LRA 7.11	Form
Certificate of outcome of dispute referred for conciliation	Section 64(1)(a)(i), 135(5)(a), 136(1)(a)	LRA 7.12	Form
Conscientious objectors			
Conscientious objector requests agency fee to be paid to Department	Section 25(4)(b)	LRA 3.1	Form
List of deduction from conscientious objectors' wages	Section 25(4)(b) as applied by Section 26(8)	LRA 3.2	Form

Employers			
Employer's record of employees earnings, deduction and time worked	Section 205(1)	LRA 9.1	Form
Employers' Organisations			
Application for registration of a bargaining council	Section 29(1)	LRA 3.3	Form
Employers organisation applies for establishment of a statutory council	Section 39(2)	LRA 3.15	Form
Registration of an employers' organisation	Section 96(1)	LRA 6.2	Form
Certificate of registration of an employers' organisation	Section 96(7)(a)	LRA 6.4	Form
List of members to be kept by employer' organisation	Section 99(a)	LRA 6.6	Form
Number of employers' organisation members	Section 100(a)	LRA 6.8	Form
Application by amalgamating employers' organisations for registration	Section 102(2)	LRA 6.10	Form
Essential Service			
Referring disputes for determination as an essential service	Section 73(1)	LRA 4.2	Form


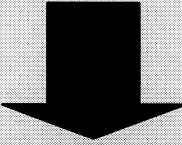
Subpoena by Essential Services Committee	Section 70 and 71	LRA 4.6	Form
Bargaining Council request for essential service investigation	Section 70(3)	LRA 4.7	Form
Maintenance Service			
Employer applies for maintenance service determination	Section 75(2)	LRA 4.3	Form

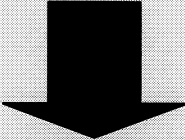

NEDLAC			
Notice to NEDLAC about possible protest action	Section 77(1)(b)	LRA 4.4	Form
Notice to NEDLAC of intention to proceed with protest action	Section 77(1)(d)	LRA 4.5	Form
Picketing			
Request to establish picketing rules	Section 69(4)	LRA 4.1	Form
Private agency applies for accreditation	Section 127(1)	LRA 7.2	Form
Certificate of accreditation of private agency	Section 127(5)(a)(ii)	LRA 7.4	Form
Council or private agency applies to amend accreditation	Section 129(1)	LRA 7.5	Form



Notice to NEDLAC about possible protest action	Section 77(1)(b)	LRA 4.4	Form
Notice to NEDLAC of intention to proceed with protest action	Section 77(1)(d)	LRA 4.5	Form
Record of strike, lock-out or protest action	Section 205(3)(a)	LRA 9.2	Form
Public Service			
Referring public service jurisdictional disputes for conciliation	Section 38(3)	LRA 3.12	Form
Referring public service jurisdictional disputes for arbitration	Section 38(6)	LRA 3.13	Form
Statutory Council			
Trade union applies for establishment of a statutory council	Section 39(2)	LRA 3.14	Form
Employers' organisation applies for establishment of a statutory council	Section 39(2)	LRA 3.15	Form
Certificate of registration of a statutory council	Section 42(a)	LRA 3.16	Form
Submission of collective agreement of statutory council to Minister for promulgation as a determination	Sections 44(1) and 44(2)	LRA 3.17	Form
Statutory council requests Minister to amend or extend period of determination	Section 44(5)	LRA 3.18	Form

Statutory council applies to register as a bargaining council	Section 48(1)	LRA 3.19	Form
Council submits particulars of representativeness of its registered scope	Section 49(3)	LRA 3.20	Form
Certificate of representativeness of council	Section 49(4)	LRA 3.21	Form
Council applies for accreditation	Section 127(1)	LRA 7.1	Form
Certificate of accreditation of council	Section 127(5)(a)(ii)	LRA 7.3	Form
Council or private agency applies to amend accreditation	Section 129(1)	LRA 7.5	Form
Council applies for subsidy	Section 132(1)	LRA 7.8	Form
Strike			
Record of strike, lock-out or protest action	Section 205(3)(a)	LRA 9.2	Form
Subsidy			
Council applies for subsidy	Section 132(1)	LRA 7.8	Form

Trade Unions			
Trade union applies for establishment of a statutory council	Section 39(2)	LRA 3.14	Form
Representative trade union applies to establish a workplace forum	Section 80(2)	LRA 5.1	Form
Representative trade union applies to establish a trade-union based workplace forum	Section 81(1)	LRA 5.2	Form
Certificate of registration of a trade union	Section 96(7)(a)	LRA 6.3	Form
List of members to be kept by a trade union	Section 99(a)	LRA 6.5	Form
List of members to be kept by employers' organisation	Section 99(a)	LRA 6.6	Form
Number of trade union members	Section 100(a)	LRA 6.7	Form
Workplace Forum			
Representative trade union applies to establish a workplace forum	Section 80(2)	LRA 5.1	Form
Representative trade union applies for establishment of a trade union-based workplace forum	Section 81(1)	LRA 5.2	Form

<p>LRA Form 3.1 Sections 25(4)(b) and 26(8) Labour Relations Act, 1995</p>	<p style="text-align: center;">CONSCIENTIOUS OBJECTOR REQUESTS AGENCY FEE TO BE PAID TO DEPARTMENT</p> 
<p>READ THIS FIRST</p>  <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form requests an employer to pay an amount deducted from a conscientious objector's wage into a fund administered by the Department of Labour.</p> <p>WHO FILLS IN THIS FORM?</p> <p>The employee who is a conscientious objector.</p> <p>WHERE DOES THIS FORM GO?</p> <p>To the employer.</p> <p>OTHER INSTRUCTIONS</p> <p>The amount deducted must be sent with LRA Form 3.2 by the employer to the Chief Director Provincial Operations in the Department of Labour. Refer to Table LRA 7 in the Regulations for the applicable address.</p>	<p>1) EMPLOYEE DETAILS</p> <p>I, object on (name of conscientious objector)</p> <p>grounds of conscience to belonging to or contributing money to a trade union. My grounds of conscience are:</p> <p>..... (reasons)</p> <p>I request my employer to remit the amount deducted as an agency fee to the Department of Labour for payment into a fund administered by the Department.</p> <p>Signature:</p> <p>Date:</p> <p>2) EMPLOYER DETAILS</p> <p>Name:</p> <p>.....</p> <p>Postal address:</p> <p>..... </p>

<p style="text-align: center;">LRA Form 3.2 Section 25(4)(b) 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 lists the names of conscientious objectors and the amounts deducted by the employer for the Department of Labour.</p> <p style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p>The employer.</p> <p style="text-align: center;">WHERE DOES THIS FORM GO?</p> <p>To the Chief Director Provincial Operations, Department of Labour.</p> <p style="text-align: center;">OTHER INSTRUCTIONS</p> <p>The employer must send two completed copies of this form with the agency fee deducted, to the Chief Director Provincial Operations, Department of Labour.</p> <p>Refer to Table LRA 7 in the Regulations for the applicable address.</p> <p>If you need more space to write the information, use an extra piece of paper and attach it to this form.</p>	<div style="text-align: center;">  </div> <p style="text-align: center;">LIST OF DEDUCTIONS FROM CONSCIENTIOUS OBJECTORS' WAGES</p> <p>1) CONSCIENTIOUS OBJECTORS' DETAILS</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 70%;">Names of employees</th> <th style="text-align: left; width: 30%;">Amount</th> </tr> </thead> <tbody> <tr><td>1.</td><td>.....</td></tr> <tr><td>2.</td><td>.....</td></tr> <tr><td>3.</td><td>.....</td></tr> <tr><td>4.</td><td>.....</td></tr> <tr><td>5.</td><td>.....</td></tr> <tr><td>6.</td><td>.....</td></tr> <tr><td>7.</td><td>.....</td></tr> <tr> <td colspan="2" style="text-align: right;">TOTAL:</td> </tr> </tbody> </table> <p>2) EMPLOYER DETAILS</p> <p>Name:</p> <p>.....</p> <p>Postal address:</p> <p>.....</p> <p>.....</p> <p>.....</p>	Names of employees	Amount	1.	2.	3.	4.	5.	6.	7.	TOTAL:	
Names of employees	Amount																		
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
TOTAL:																			

<p style="text-align: center;">LRA Form 3.3 Section 29(1) Labour Relations Act, 1995</p>	<div style="text-align: right;">  </div> <p style="text-align: center;">APPLICATION FOR REGISTRATION OF A BARGAINING COUNCIL</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 is an application for registration of a bargaining council.</p> <p style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p>The registered trade unions and registered employers' organisations who have jointly agreed to form a council.</p> <p style="text-align: center;">WHERE DOES THIS FORM GO?</p> <p>The Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria, 0001. Fax 012-309 4156 Email: registrar.labourrelations@labour.gov.za</p> <p style="text-align: center;">OTHER INSTRUCTIONS</p> <ul style="list-style-type: none"> ▪ One completed copy of this form must be sent to the Registrar of Labour Relations. ▪ Each employers' organisation which is a party to the bargaining council must fill in page 4 of 6. ▪ Each trade union which is a party to the bargaining council must fill in page 5 of 6. ▪ Two signed copies of the constitution of the bargaining council must be attached to this form. ▪ An authorized representative of each party must sign this form. ▪ If there is insufficient space on the form, use a separate piece of paper. ▪ A resolution to form a bargaining council to be attached. 	<p>1) NAME OF THE BARGAINING COUNCIL</p> <p>.....</p> <p>.....</p> <p>2) ADDRESS: Postal Address:</p> <p>.....</p> <p>Physical Address:</p> <p>.....</p> <p>Tel: Fax:</p> <p>3) NAME AND CONTACT DETAILS OF REPRESENTATIVE OF THE COUNCIL</p> <p>.....</p> <p>.....</p> <p>4) DATE OF APPLICATION:</p> <p>.....</p> <p>5) PARTIES</p> <p style="padding-left: 20px;">i) Employers' Organisations</p> <p>.....</p> <p>.....</p> <p style="padding-left: 20px;">ii) Trade Unions</p> <p>.....</p> <p>.....</p> <p>.....</p>

--- please turn over --->

6) REPRESENTATIVENESS OF THE BARGAINING COUNCIL:

- _____ Total number of employees falling within the proposed scope of the Bargaining Council and who belong to the trade unions which are party to the Council
- _____ Total number of employers falling within the proposed scope of the Bargaining Council and who belong to the employers' organisations which are party to the Council
- _____ Total number of employees employed within the proposed scope of the Bargaining Council by the employers that belong to the employers' organisations which are party to the Council
- _____ Total number of employers within the proposed scope of the Council
- _____ Total number of employees employed within the proposed scope of the Council

7) DATE OF FORMATION / FOUNDATION OF THE BARGAINING COUNCIL:

.....

8) SIGNATORIES:

Employers' Organisation

Name

Position

Signature

Date

Tel.

Fax.

Trade Union

Name

Position

Signature

Date

Tel.

Fax.

--- please turn over →

9) PROPOSED SCOPE

i) Define the sector(s) in respect of which registration is sought:

.....
.....
.....
.....
.....
.....
.....
.....

ii) Area(s):

.....
.....
.....
.....
.....
.....
.....
.....

10) Name of Council Representative:

Date:

--- please turn over --->

CHECK!

- Have you prepared and signed a copy of this form?
- Have you prepared two signed copies of the council's constitution?
- Have you attached copies of the resolution?

DEPARTMENT OF LABOUR DETAILS

I, duly authorized thereto in terms of Regulation 7(2),
(name of official)
am satisfied that the information is substantially correct. The application was lodged with the Department of Labour on:
.....
(date)

Signature:
Date:
Place:



CERTIFICATE OF REGISTRATION OF BARGAINING COUNCIL

This is to certify that the
.....
(Name of Bargaining Council)

has in terms of section 29(15)(a) of the Labour Relations Act, 1995, been registered as a
Bargaining Council with effect from
(date)

The registered scope of the Bargaining Council is
.....
(Sector)


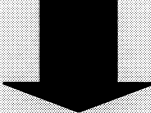
in
.....
(Area)

Date:

Reference number:

.....
Registrar of Labour Relations

(Official stamp of the Registrar)

<p style="text-align: center;">LRA Form 3.5 Section 32(1) & 32(5) Labour Relations Act, 1995</p>	<div style="text-align: right;">  </div> <p style="text-align: center;">BARGAINING COUNCIL REQUESTS EXTENSION OF COLLECTIVE AGREEMENT TO NON-PARTIES</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 requests the Minister of Labour to extend a collective agreement to non-parties.</p> <p style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p>The Secretary of the Bargaining Council.</p> <p style="text-align: center;">WHERE DOES THIS FORM GO?</p> <p>The Minister of Labour, c/o the Director General, Department of Labour, Private Bag X117, Pretoria 0001. Fax 012-309 4156. Email: collective.agreements@labour.gov.za</p> <p style="text-align: center;">OTHER INSTRUCTIONS</p> <ul style="list-style-type: none"> ▪ Two completed copies of this form must be sent to the Minister of Labour. ▪ Two signed copies of the collective agreement and a motivation why the Minister should regard the parties to the agreement to be sufficiently representative where the parties are not a majority, must accompany this form. ▪ A resolution by parties to extend a collective agreement to non-parties. ▪ The agreement must also be submitted electronically (MS Word) <p style="text-align: right;">... please turn over →</p>	<p>1) BARGAINING COUNCIL DETAILS</p> <p>Name:</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>Tel: Fax:</p> <p>2) EXTENSION OF COLLECTIVE AGREEMENT TO NON-PARTIES</p> <p>We enclose three copies of a collective agreement dated</p> <p>The parties to the collective agreement are:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">(names)</p> <p>The Bargaining Council requests that all the provisions of the collective agreement except clauses</p> <p style="text-align: center;">(clause numbers)</p> <p>become binding on the other employers and employees in the</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">(sector or sub-sectors)</p>

... please turn over →

- Each party to the collective agreement must fill in either page 3 or 4 of this form.
- Before a collective agreement may be extended, the agreement itself must comply with the provisions of section 32.

CHECK!

Have you prepared/filled in:

- two copies of the collective agreement?
- the representativeness tables on pages 4 and 5?
- A motivation as to why the Minister should regard the parties as sufficiently representative?
- A resolution to extend a collective agreement to non-parties

and

.....

.....

.....

.....

.....

.....

(area/s)

The following registered trade unions voted in favour of the extension:

.....

.....

.....

.....

.....

(names of trade unions)

Their members constitute the majority of the members of the trade unions that are party to the Bargaining Council.

The following registered employers' organisations voted in favour of the extension:

.....

.....

(names of employers' organisations)

They employ the majority of the employees employed by the members of their employers' organisations that are party to the Bargaining Council.

... please turn over →

	<p>3) REPRESENTATIVENESS OF THE BARGAINING COUNCIL</p> <p>_____ Total number of employees falling within the scope of the collective agreement and who belong to the trade unions that are party to the collective agreement.</p> <p>_____ Total number of employers falling within the scope of the collective agreement and who belong to the employers' organisations that are party to the collective agreement.</p> <p>_____ Total number of employees employed within the scope of the collective agreement by the employers who belong to the employers' organisations that are party to the collective agreement.</p> <p>_____ Total number of employers within the scope of the collective agreement.</p> <p>_____ Total number of employees employed within the scope of the collective agreement.</p> <p>4) ADDITIONAL INFORMATION REQUIRED ON THE COMPOSITION OF THE WORKFORCE IN THE SECTOR</p> <p>_____ Total number of employees assigned to work by temporary employment services</p> <p>_____ Total number of employees engaged in fixed term contract</p> <p>_____ Total number of part-time employees employed</p> <p>_____ Total number of employees in other categories of non-standard employment</p> <p>Signature of Secretary of Council</p> <p>Name</p> <p>Date</p>
--	--

DEPARTMENT OF LABOUR DETAILS

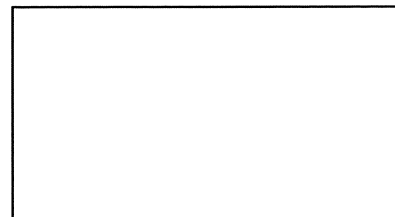
I, _____, duly authorised thereto in terms of Regulation 7(2), have
(name of official)

checked the information and certify that it is substantially correct.



Signature:

Date:

Place:



(Official stamp)

<p>LRA Form 3.5A Section 32(1) read with Section 43(3) Labour Relations Act, 1995</p>	<p align="center">STATUTORY COUNCIL REQUESTS EXTENSION OF COLLECTIVE AGREEMENT TO NON-PARTIES</p> 
<p>READ THIS FIRST</p>  <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form requests the Minister of Labour to extend a collective agreement to non-parties.</p> <p>WHO FILLS IN THIS FORM?</p> <p>The Secretary of the Statutory Council.</p> <p>WHERE DOES THIS FORM GO?</p> <p>The Minister of Labour, c/o the Director General, Department of Labour, Private Bag X117, Pretoria 0001. Fax 012-309 4156. E-mail: collective.agreements@labour.gov.za</p> <p>OTHER INSTRUCTIONS</p> <p>Two completed copies of this form must be send to the Minister of Labour</p> <p>Two signed copies of the collective agreement.</p> <p>A resolution to extend a collective to non-parties.</p> <p>The agreement must also be submitted electronically (MS Word) ... please turn over →.</p>	<p>1) STATUTORY COUNCIL DETAILS</p> <p>Name:</p> <p>.....</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>Tel: Fax:</p> <p>2) EXTENSION OF COLLECTIVE AGREEMENT TO NON-PARTIES</p> <p>We enclose two copies of a collective agreement dated</p> <p>The parties to the collective agreement are:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p align="center">(names)</p> <p>The Statutory Council requests that all the provisions of the collective agreement except clauses (clause numbers) become binding on the other employers and employees in the</p> <p>.....</p> <p>.....</p> <p align="center">(sector or sub-sectors)</p>

--- please turn over →

If a determination in terms of section 49(2) or (3) has not been done within the last twelve months, or there has been a change of parties to the agreement of the Council, each party to the collective agreement must fill in either page 3 or 4 of this form.

Before a collective agreement may be extended, the agreement itself must comply with the provisions of section 32.

CHECK!

Have you prepared / included:

Two completed and signed copies of this form.

Two signed copies of the collective agreement?

A resolution to extend a collective agreement to non-parties

and

.....

.....

.....

.....

.....

(area/s)

The following registered trade unions voted in favour of the extension:

.....

.....

.....

.....

.....

(names of trade unions)

Their members constitute the majority of the members of the trade unions that are party to the Statutory Council.

The following registered employers' organisations voted in favour of the extension:

.....

.....

.....

.....

(names of employers' organisations)

They employ the majority of the employees employed by the members of their employers' organisations that are party to the Statutory Council.

... please turn over →

3) REPRESENTATIVENESS OF THE STATUTORY COUNCIL

_____ Total number of employees falling within the scope of the collective agreement and who belong to the trade unions that are party to the collective agreement.

_____ Total number of employers falling within the scope of the collective agreement and who belong to the employers' organisations that are party to the collective agreement.

_____ Total number of employees employed within the scope of the collective agreement by the employers who belong to the employers' organisations that are party to the collective agreement.

_____ Total number of employers within the scope of the collective agreement.

_____ Total number of employees employed within the scope of the collective agreement.

4) ADDITIONAL INFORMATION REQUIRED ON THE COMPOSITION OF THE WORKFORCE IN THE SECTOR

_____ Total number of employees assigned to work by temporary employment services.

_____ Total number of employees engaged in fixed term contract.

_____ Total number of part-time employees employed.

_____ Total number of employees in other categories of non-standard employment.

Signature of Secretary of Council

Name

Date

... please turn over →

DEPARTMENT OF LABOUR DETAILS



I, , duly authorised thereto in terms of Regulation 7(2), have
(name of official)

checked the information and certify that it is substantially correct. The application was submitted to the Department of Labour
on

Signature:

Date:

Place:

<p>LRA Form 3.6 Section 32(6)(a) Labour Relations Act, 1995</p>	<p align="center">COUNCIL REQUESTS TO EXTEND PERIOD OF, OR RENEW, COLLECTIVE AGREEMENT EXTENDED TO NON-PARTIES</p> 
<p>READ THIS FIRST</p>  <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form requests the Minister of Labour to extend the period of, or renew, a collective agreement that has been extended to non-parties.</p> <p>WHO FILLS IN THIS FORM?</p> <p>The Secretary of the Council.</p> <p>WHERE DOES THIS FORM GO?</p> <p>The Minister of Labour, c/o the Director-General, Department of Labour, Private Bag X117, Pretoria, 0001. Fax 012-309 4156. E-mail: collective.agreements@labour.gov.za</p> <p>OTHER INSTRUCTIONS</p> <p>Two completed copies of this form must be sent to the Department of Labour.</p> <p>Two signed copies of the Certificate of Representativeness of parties to the agreement or of the Council, must accompany this form.</p>	<p>1) COUNCIL DETAILS</p> <p>Name:</p> <p>.....</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>Tel: Fax:</p> <p>2) EXTENSION OF PERIOD, OR RENEWAL, OF COLLECTIVE AGREEMENT EXTENDED TO NON-PARTIES</p> <p>On a collective agreement was extended in terms of (date)</p> <p>of section 32 to non-parties in the Government Gazette on (number)</p> <p>..... That agreement expires/lapsed on (date) (date)</p> <p>The Council requests the Minister to the (extend or renew)</p> <p>collective agreement for the period to (date) (date)</p> <p>The following registered trade unions voted in favour of the extension of the period or the renewal:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p align="center">(names of trade unions)</p> <p>Their members constitute the majority of the members of the trade unions that are party to the collective agreement.</p>

.... please turn over →

If a determination in terms of section 49(2) or (3) has not been done within the last twelve months, or there has been a change of parties to the agreement or Council, each party to the collective agreement must fill in either page 3 or 4 of this form.

Before a collective agreement may be extended, the agreement itself must comply with the provisions of section 32.

CHECK!

Have you prepared/included:

Two copies of the collective agreement?

A copy of the Certificate of Representativeness or the representativeness tables on pages 3 and 4?

The following registered employers' organisations voted in favour of the extension:

.....
.....
.....
.....
.....
.....
.....

(names of employers' organisations)

They employ the majority of the employees employed by the members of their employers' organisations that are party to the Council.

... please turn over →

	<p>3) REPRESENTATIVENESS</p> <p>_____ Total number of employees falling within the scope of the collective agreement and who belong to the trade unions that are party to the collective agreement.</p> <p>_____ Total number of employers falling within the scope of the collective agreement and who belong to the employers' organisations that are party to the collective agreement.</p> <p>_____ Total number of employees employed within the scope of the collective agreement by the employers who belong to the employers' organisations that are party to the collective agreement.</p> <p>_____ Total number of employers within the scope of the collective agreement.</p> <p>_____ Total number of employees employed within the scope of the collective agreement.</p> <p>Signature of Secretary of Council</p> <p>Name</p> <p>Date</p>
--	--

DEPARTMENT OF LABOUR DETAILS

I,, duly authorised thereto in terms of Regulation 7(2),
(name of official)

have checked the information and certify that it is substantially correct.

Signature:

Date:

Place:



LRA Form 3.7
Section 32(7)
Labour Relations Act, 1995

**COUNCIL REQUESTS CANCELLATION
 OF NOTICE EXTENDING COLLECTIVE
 AGREEMENT TO NON-PARTIES**

READ THIS FIRST



**WHAT IS THE PURPOSE OF
 THIS FORM?**

This form requests the Minister of Labour to cancel parts of, or the whole of a collective agreement extended to non-parties.

**WHO FILLS IN
 THIS FORM?**

The Secretary of the Council.

**WHERE DOES THIS
 FORM GO?**

The Minister of Labour, c/o the Director-General, Department of Labour, Private Bag X117, Pretoria, 0001.
 Fax 012-309 4156.
 Email: collective.agreements@labour.gov.za

NOTES

A copy of the resolution must be attached to this form

In terms of section 32(10) a council that terminates an extended agreement must notify the Minister

1) COUNCIL DETAILS

Name:

Address:

Tel: Fax:

2) CANCELLATION OF NOTICE EXTENDING COLLECTIVE AGREEMENT TO NON-PARTIES

The Council has resolved on to request the Minister to publish a notice in the Government Gazette cancelling:

Clause(s)
 (clause number(s))

of the notice published in Government Gazette

..... from
 (reference number and date of publication) (date of proposed cancellation)

Or



The notice published in Government Gazette

..... from
 (reference number and date of publication) (date of proposed cancellation)

Signature of the Secretary of the Council:

Name:

Date:

<p style="text-align: center;">LRA Form 3.8 Section 33(1) and 43(3) Labour Relations Act, 1995</p>	<p style="text-align: center;">COUNCIL REQUESTS APPOINTMENT OF DESIGNATED AGENT</p> <div style="text-align: right;">  </div>
<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 requests the Minister of Labour to appoint an agent to help the Council enforce its collective agreements.</p> <p style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p>The Secretary of the Council.</p> <p style="text-align: center;">WHERE DOES THIS FORM GO?</p> <p>The Minister of Labour, c/o the Director-General, Department of Labour, Private Bag X117, Pretoria, 0001. Fax 012-309 4156. E-mail: registrar.labourrelations@labour.gov.za</p> <p style="text-align: center;">OTHER INSTRUCTIONS</p> <p>Two completed signed copies of this form must be sent to the Director-General of Labour</p> <p>Attach a certified copy of the applicant's ID</p>	<p>1) COUNCIL DETAILS</p> <p>Name:</p> <p>.....</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>Tel: Fax:</p> <p>2) DESIGNATED AGENT DETAILS</p> <p>The Minister is requested to appoint the person, whose details follow, as a designated agent of the Council:</p> <p>Name:</p> <p>ID:</p> <p>Address:</p> <p>.....</p> <p>Experience and Qualifications:</p> <p>.....</p> <p>.....</p> <p>Period of service with Council:</p> <p>.....</p> <p>Signature of Secretary of Council:</p> <p>Name:</p> <p>Date:</p>

LRA Form 3.9
Section 33(2)
Labour Relations Act, 1995

**CERTIFICATE OF
APPOINTMENT AS DESIGNATED AGENT
OF A COUNCIL**

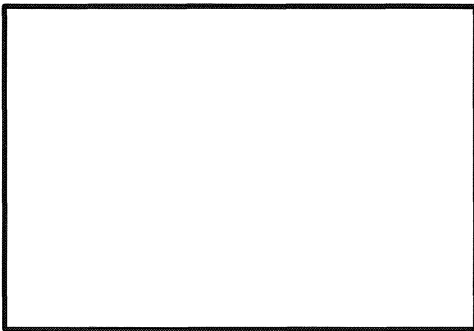
This is to certify that
(Name of designated agent)

with identity number, has in terms of section 33(2)

of the Labour Relations Act, 1995, been appointed as a designated agent of the

.....
.....
(Name of Council)

with effect from
(date)



(Official stamp of Council)

.....
Signature: Secretary of Council

Name:

Date:

Department of Labour reference number:

LRA Form 3.10 Section 33(3) read with item 5 of Schedule 10 Labour Relations Act, 1995	SUBPOENA BY DESIGNATED AGENT
<p>To: _____ (name of subpoenaed person)</p> <p>_____</p> <p>_____</p> <p>(address of subpoenaed person)</p> <p>You are required to appear in person before _____ (name of designated agent)</p> <p>at _____</p> <p>_____</p> <p>(address)</p> <p>on _____ at _____ and any subsequent day(s) to which the (date) (time)</p> <p>investigation may be postponed.</p> <p>You are required to appear in person to: (Highlight/mark appropriate block and complete)</p> <p><input type="checkbox"/> disclose information concerning _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> bring with you and produce the records or documents listed below: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(list record or documents)</p> <p>Signature of Designated Agent of Council: _____</p> <p>Name: _____</p> <p>Date: _____</p> <p>Place: _____</p>	

LRA Form 3.10A
Section 33A(5) /127(6) read with
142
Labour Relations Act, 1995

SUBPOENA BY COUNCIL ARBITRATOR

To: _____
(Name of subpoenaed person)

(Organisation of subpoenaed person)

(Address of subpoenaed person)

The _____ Council has appointed an Arbitrator to attempt to resolve a dispute in terms of the Labour Relations Act, 1995 (No. 66 of 1995)

Arbitrator _____ has been appointed.
(Name of Arbitrator)

The dispute is between _____
and _____
(Names of parties)

Issue of Dispute: _____

You are required in terms of Section 142 of the Labour Relations Act 1995 to appear before the Arbitrator at

(Address where hearing is being held)

on _____ at _____ and any subsequent day(s) to which the
(Date of hearing) (Time of hearing)
proceedings may be postponed.

You are subpoenaed: for questioning in terms of Section 142(1)(a)
 to produce any book, document or object in terms of Section 142(1)(b)
 to give expert evidence in terms of Section 142(1)(c)

(Highlight/mark appropriate block)



You must bring and produce the books, documents 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 travel expenses to attend the hearing.

Signature of Secretary/Regional Secretary of Council: _____ Date: _____

Name: _____ Place: _____

<p style="text-align: center;">LRA Form 3.11 Section 34(2) Labour Relations Act, 1995</p>	<p style="font-size: 1.2em;">AMALGAMATING BARGAINING COUNCIL APPLIES FOR REGISTRATION</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 is an application by Bargaining Councils who wish to amalgamate (to join together) to apply for registration. After registration of the new Council the Registrar cancels each of the separate Bargaining Council's registration.</p> <p style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p>The Secretary of the amalgamating Bargaining Councils.</p> <p style="text-align: center;">WHERE DOES THIS FORM GO?</p> <p>To the Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria, 0001. Fax 012-309 4156. Email: registrar.labourrelations@labour.gov.za</p> <p style="text-align: right; margin-top: 20px;">... please turn over →</p>	<p>1) AMALGAMATING BARGAINING COUNCIL DETAILS</p> <p>Names and addresses of Bargaining Councils:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>2) APPLICATION</p> <p>We apply for the registration of an amalgamated Bargaining Council for the proposed scope:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">(sector)</p>

OTHER INSTRUCTIONS

Two completed copies of this form must be sent to the Registrar of Labour Relations

The Secretary of each Bargaining Council that is amalgamating must either attach its Certificate of Representativeness (issued to the council within the 12 months prior to the date of application) or fill in the table on page 3.

If you need more space to write the information, use an extra piece of paper and attach it to this form.

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

(Area)

3) NAME AND ADDRESS

The name of the Council will be:

.....
.....

The address of the Council will be:

Postal Address:

.....

Physical Address:

.....

Tel Fax

Date

... please turn over →

<p>Submit the following documents:</p> <p>Copy of the resolution to amalgamate passed by each of the Councils</p> <p>A certificate by the Secretary of each Council that the resolution complied with Council's constitution.</p>	<p>4) REPRESENTATIVENESS OF THE BARGAINING COUNCIL</p> <p>_____ Total number of employees falling within the proposed scope of the Bargaining Council and who belong to the trade unions that are party to the Council.</p> <p>_____ Total number of employers falling within the proposed scope of the Bargaining Council and who belong to the employers' organisations that are party to the Council.</p> <p>_____ Total number of employees employed within the proposed scope of the Bargaining Council by the employers who belong to the employers' organisations that are party to the Council.</p> <p>_____ Total number of employers within the proposed scope of the Bargaining Council.</p> <p>_____ Total number of employees employed within the proposed scope of the Bargaining Council.</p> <p>5) SIGNATORIES</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name of amalgamating Council</th> <th style="width: 40%;">Signature of Secretary</th> </tr> </thead> <tbody> <tr><td>1.....</td><td>.....</td></tr> <tr><td>2.....</td><td>.....</td></tr> <tr><td>3.....</td><td>.....</td></tr> <tr><td>4.....</td><td>.....</td></tr> <tr><td>5.....</td><td>.....</td></tr> <tr><td>6.....</td><td>.....</td></tr> <tr><td>7.....</td><td>.....</td></tr> </tbody> </table> <p>Date:</p>	Name of amalgamating Council	Signature of Secretary	1.....	2.....	3.....	4.....	5.....	6.....	7.....
Name of amalgamating Council	Signature of Secretary																
1.....																
2.....																
3.....																
4.....																
5.....																
6.....																
7.....																

... please turn over →

DEPARTMENT OF LABOUR DETAILS

I,, duly authorised thereto in terms of Regulation 7(2), have
(name of official)


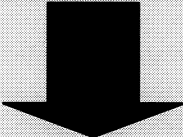
checked the information and certify that it is substantially correct as on the date of application.


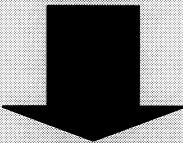
Signature:

Name:

Date:

LRA Form 3.12

<p style="text-align: center;">LRA Form 3.12 Section 38(3) Labour Relations Act, 1995</p>	<p>REFERRING PUBLIC SERVICE JURISDICTIONAL DISPUTES FOR CONCILIATION</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 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 Fax: (011) 834 7351 E-mail: ho@ccma.org.za</p> <p style="text-align: center;">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>.....</p> <p>Postal Address:</p> <p>.....</p> <p>.....</p> <p>Tel: Fax:</p> <p>Cell Number: Email:</p> <p>Contact Person:</p> <p>Registration Number:</p> <p>2. DETAILS OF OTHER PARTY</p> <p>Name:</p> <p>.....</p> <p>Postal Address:</p> <p>.....</p> <p>.....</p> <p>Tel:..... Fax:.....</p> <p>Contact Person:</p> <p>Cell Number: Email:</p> <p>Registration Number:.....</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>CCMA Case Number.....</p>	<p>Please turn over →</p>

<p>LRA Form 3.13 Section 38(4) Labour Relations Act, 1995</p>	<p>REFERRING PUBLIC SERVICE JURISDICTIONAL DISPUTES FOR ARBITRATION</p>	
<p style="text-align: center;">Read This First</p> <div style="text-align: center;">  </div> <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 Fax: (011) 834 7351 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>.....</p> <p>Postal Address:</p> <p>.....</p> <p>.....</p> <p>Tel:..... Fax:.....</p> <p>Cell:.....Email:.....</p> <p>Contact Person:</p> <p>Registration Number:</p> <p>2. DETAILS OF THE OTHER PARTY</p> <p>Name:</p> <p>.....</p> <p>Postal Address:</p> <p>.....</p> <p>.....</p> <p>Tel:..... Fax:.....</p> <p>Cell:..... Email:.....</p> <p>Contact Person:</p> <p>Registration Number:</p>	
<p>CCMA Case Number.....</p>		<p>Please turn over →</p>

REPRESENTATIVENESS OF THE TRADE UNION

Name of Trade Union	Number of employees employed within the proposed scope of the statutory council and who are members of the trade union	Number of employees employed within the proposed scope of the statutory council
Areas (state each area separately, indicating whether magisterial district, province or other)		

... please turn over →

LRA Form 3.14
Trade Union applies for establishment of a statutory council
Page 3 of 3

Signature of Secretary of trade union

Name

Date

DEPARTMENT OF LABOUR DETAILS

I,, duly authorised thereto in terms of Regulation 7(2), have
(name of official)

checked the information and certify that it is substantially correct.

Signature:

Name:

Date:

Signature of Secretary of employers' organisation

Name

Date

DEPARTMENT OF LABOUR DETAILS

I,, duly authorised thereto in terms of Regulation 7(2),
(name of official)

Have checked the information and certify that it is substantially correct.

Signature:

Name:

Date:

LRA Form 3.16
Section 42(a)
Labour Relations Act, 1995



CERTIFICATE OF REGISTRATION OF A STATUTORY COUNCIL

This is to certify that the

.....
(Name of Statutory Council)

has in terms of section 42(a) of the Labour Relations Act, 1995, been registered as a
Statutory Council with effect from
(date)

The registered scope of the Statutory Council is
.....
.....
.....
(Sector)



in
.....
(Area)



Date:



Reference number:.....

.....
Registrar of Labour Relations

(Official stamp)

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

<p>LRA Form 3.18 Section 44(5) Labour Relations Act, 1995</p>	<p style="text-align: center;">STATUTORY COUNCIL REQUESTS MINISTER TO AMEND OR EXTEND PERIOD OF DETERMINATION</p> 
<p style="text-align: center;">READ THIS FIRST</p>  <p style="text-align: center;">WHAT IS THE PURPOSE OF THIS FORM?</p> <p>A statutory council may submit a proposal to the Minister to amend or extend the period of any determination. Examples of a determination are an educational training scheme, a provident fund or any other collective agreement entered into between the representatives or parties to a statutory council. The Minister may make the amendment by Notice in the Government Gazette.</p> <p style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p>The Secretary of the statutory council.</p> <p style="text-align: center;">WHERE DOES THIS FORM GO?</p> <p>The Minister, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001. Fax 012-309 4156.</p> <p>Email: collective.agreements@labour.gov.za</p> <p style="text-align: center;">OTHER INSTRUCTIONS</p> <p>Two completed copies of this form must be sent to the Minister.</p>	<p>1) STATUTORY COUNCIL DETAILS</p> <p>Name and address</p> <p>.....</p> <p>.....</p> <p>Tel: Fax:</p> <p>2) SUBMISSION</p> <p>We,, submit the following proposal to (name)</p> <p>the Minister to amend a determination or extend the period of determination.</p> <p>The Determination was published in Government Gazette (Ref.)</p> <p>on (date)</p> <p>Details of proposal:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>We request that the Minister publish this amendment or extension in the Government Gazette.</p> <p>Signature of Secretary of Council:</p> <p>Name:</p> <p>Date:</p>

<p style="text-align: center;">LRA Form 3.19 Section 48(1) Labour Relations Act, 1995</p>	<p style="text-align: center;">STATUTORY COUNCIL APPLIES TO REGISTER AS A BARGAINING COUNCIL</p> <div style="text-align: right;">  </div>																						
<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 is an application by a statutory council to register as a Bargaining Council. The Registrar will have to establish whether the parties to the council are sufficiently representative and whether adequate provision is made in the proposed constitution of the Bargaining Council for the representation of small and medium enterprises.</p> <p style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p>The Secretary of the statutory council.</p> <p style="text-align: center;">WHERE DOES THIS FORM GO?</p> <p>The Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria, 0001. Fax 012-309 4156. Email: registrar.labourrelations@labour.gov.za</p> <p style="text-align: center;">OTHER INSTRUCTIONS</p> <p>Two completed copies of this form must be sent to the Registrar of Labour Relations.</p>	<p>1) STATUTORY COUNCIL DETAILS</p> <p>Name:</p> <p>.....</p> <p>.....</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Tel: Fax:</p> <p>We have complied with all the provisions in our council's constitution in order to apply for registration as a Bargaining Council.</p> <p>The Registration Number of this statutory council is</p> <p>2) PARTIES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Employers' Organisations</th> <th style="width: 50%; text-align: center;">Trade Unions</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Employers' Organisations	Trade Unions																				
Employers' Organisations	Trade Unions																						

... please turn over →

<p>Two signed copies of the proposed constitution of the Bargaining Council must be attached.</p> <p>Each employers' organisation which is party to the Bargaining Council must fill in page 2 of 4.</p> <p>Each trade union which is party to the Bargaining Council must fill in page 3 of 4.</p> <p style="text-align: center;">CHECK!</p> <p>Have you prepared two copies of this form?</p> <p>Have you attached two copies of the constitution of the Bargaining Council?</p> <p>Have you filled in the representativeness tables?</p>	<p>3) REPRESENTATIVENESS</p> <p>_____ Total number of employees falling within the scope of the council and who belong to the trade unions that are party to the council.</p> <p>_____ Total number of employers falling within the scope of the council and who belong to the employers' organisations that are party to the council.</p> <p>_____ Total number of employees employed within the scope of the council by the employers who belong to the employers' organisations that are party to the council.</p> <p>_____ Total number of employers within the scope of the council.</p> <p>_____ Total number of employees employed within the scope of the council.</p> <p>Signature of Secretary of Council</p> <p>Name</p> <p>Date</p>
--	--

DEPARTMENT OF LABOUR DETAILS

I,, duly authorised thereto in terms of Regulation 7(2), have
 (name of official)

checked the information and certify that it is substantially correct.

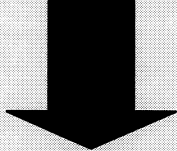
Signature:

Date:

Place:

LRA Form 3.20
Section 49(3)
Labour Relations Act, 1995

READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

This form provides the Registrar with information to decide whether or not a Council is representative within its registered scope

WHO FILLS IN THIS FORM?

The Secretary of the Council

WHERE DOES THIS FORM GO?

The Registrar of Labour Relations, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001, Fax: 012-309 4156.

Email: registrar.labourrelations@labour.gov.za

OTHER INSTRUCTIONS

- Two completed copies of this form must be sent to the Registrar.
- The Secretary should ensure that information in respect of each employers' organisation which is party to the Council is completed on page 2.
- The Secretary should ensure that information in respect of each trade union which is party to the Council is completed on page 3.

COUNCIL SUBMITS PARTICULARS OF REPRESENTATIVENESS OF ITS REGISTERED SCOPE



PARTICULARS OF REPRESENTATIVENESS OF COUNCIL TO BE SUBMITTED TO REGISTRAR FOR PURPOSE OF CONDUCTING ANNUAL REVIEW OF REPRESENTATIVENESS IN TERMS OF SECTION 49(3)

1) COUNCIL DETAILS

Name and address:

.....
.....
.....
.....

Tel: Fax:

2) REPRESENTATIVENESS

Total number of employees falling within the registered scope of the council and who belong to the trade unions which are parties to that council:

.....

Total number of employers falling within the registered scope of the council and who belong to the employers' organisations which are party to that council:

.....

Total number of employees employed within the registered scope of the council by members of the employers' organisations that are party to that council:

.....

Total number of employees employed within the registered scope of the council:

.....

Total number of employers operating within the registered scope of the council:

.....

please turn over →

Signature of Secretary:

Name:

Date:

DEPARTMENT OF LABOUR DETAILS

I, , duly authorised thereto in terms of Regulation 7(2), have
(name of official)

checked the information and am satisfied that the information was substantially correct as at

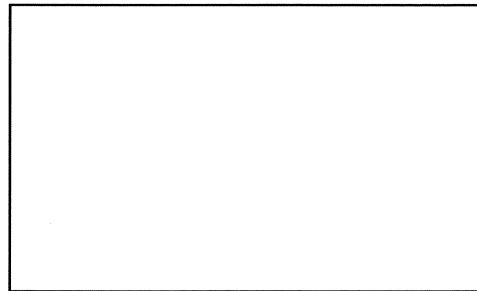
.....

(date of council details)



Signature:

Today's date:

Place:



(Official stamp)

<p>LRA Form 3.20 A Section 49(2) Labour Relations Act, 1995</p>	<p align="center">COUNCIL SUBMITS PARTICULARS OF REPRESENTATIVENESS OF PARTIES TO A COLLECTIVE AGREEMENT</p> 
<p>READ THIS FIRST</p>  <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form provides the Registrar with information to determine the representativeness of parties to an agreement that has been extended to non-parties.</p> <p>WHO FILLS IN THIS FORM?</p> <p>The Secretary of the Bargaining Council.</p> <p>WHERE DOES THIS FORM GO?</p> <p>The Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria, 0001. Fax 012-309 4156. Email: registrar.labourrelations@labour.gov.za</p> <p>OTHER INSTRUCTIONS</p> <p>Two completed copies of this form must be sent to the Registrar.</p> <p>The Secretary should ensure that information in respect of each employers' organisation which is party to the agreement is completed on page 2.</p> <p>The Secretary should ensure that information in respect of each trade union which is party to the agreement is completed on page 3.</p>	<p>1) COUNCIL DETAILS</p> <p>Name:</p> <p>Address:</p> <p>Tel: Fax:</p> <p>2) REPRESENTATIVENESS OF THE PARTIES TO THE COUNCIL'S AGREEMENT AS PUBLISHED IN GOVERNMENT GAZETTE NR: DATED</p> <p>Total number of employees falling within the scope of the agreement and who belong to the trade unions which are parties to the agreement:</p> <p>.....</p> <p>Total number of employers falling within the scope of the agreement and who belong to the employers' organisations which are party to the agreement:</p> <p>.....</p> <p>Total number of employees employed within the scope of the agreement by members of the employers' organisations that are party to the agreement:</p> <p>.....</p> <p>Total number of employees employed within the scope of the agreement:</p> <p>.....</p> <p>Total number of employers operating within the scope of the agreement:</p> <p>.....</p>

... please turn over →

LRA Form 3.20 A
Council submits particulars of representativeness of parties to a collective agreement
Page 4 of 4

Signature of Secretary:

Name:

Date:

DEPARTMENT OF LABOUR DETAILS



I, , duly authorized thereto in terms of Regulation 7(2), have checked the
(name of official)

information and am satisfied that the information was substantially correct as at
(date of council details)

Signature:

Name:

Date:

<p>LRA Form 3.20 B Section 54(2)(f) Labour Relations Act, 1995</p>	<p align="center">COUNCIL SUBMITS PARTICULARS OF SMALL ENTERPRISES</p> 
<p>READ THIS FIRST</p>  <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>Every bargaining council must annually supply information required on this form to the Registrar of Labour Relations annually by January covering the previous calendar year ending 31 December.</p> <p>WHO FILLS IN THIS FORM?</p> <p>The Secretary of the Bargaining Council.</p> <p>WHERE DOES THIS FORM GO?</p> <p>The Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria, 0001. Fax 012-309 4156; E-mail: registrar.labourrelations@labour.gov.za.</p> <p>OTHER INSTRUCTIONS</p> <p>Two completed copies of this form must be sent to the Registrar.</p>	<p>1) BARGAINING COUNCIL DETAILS</p> <p>Name of council:</p> <p>.....</p> <p>Address:</p> <p>.....</p> <p>Secretary of Council:</p> <p>Contact Number:</p> <p>E-mail Address:</p> <p>2) COUNCIL'S DEFINITION OF SMALL ENTERPRISE</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>3) EMPLOYMENT WITHIN COUNCIL'S JURISDICTION</p> <p>..... Employers employing a total of</p> <p>Employees are within the registered scope of the Council.</p>

... please turn over →

4) INFORMATION ON SMALL ENTERPRISES FALLING WITHIN REGISTERED SCOPE OF COUNCIL

How many small enterprises: -

- Are within the Bargaining Council's registered scope?
- Are members of the employer parties to the Council?
- Are covered by collective agreements extended to non-parties in terms of section 32?
- How many employees are employed by small enterprises within the Council's registered scope?

Of those employees, how many are: -

- Employed by members of the employer parties to the Council?
- Party trade union members?

5) REPRESENTATION OF SMALL ENTERPRISES

Do small enterprises have representatives on the Council?

- Number of seats allocated to small enterprises
- Total number of seats in the Council

Do small enterprises have representatives on the Exemption Board?



- Number of seats allocated to small enterprises on the Board
- Total number seats on the Board

*Do small enterprises have representatives on the Boards of Council's Funds?

- Number of seats allocated to small enterprises
- Total number of seats on the Boards of the Council's Funds

Signature of Secretary of Council:

Date:

<p style="text-align: center;">LRA Form 3.20 C Section 54(2)(f) Labour Relations Act, 1995</p>	<p style="text-align: center;">COUNCIL SUBMITS PARTICULARS OF EXEMPTIONS AND ENFORCEMENT</p> <div style="text-align: right;">  </div>																								
<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>Every bargaining council must annually supply information required on this form to the Registrar of Labour Relations by January covering the previous calendar year ending 31 December.</p> <p style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p>The Secretary of the Bargaining Council.</p> <p style="text-align: center;">WHERE DOES THIS FORM GO?</p> <p>The Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria, 0001. Fax 012-309-4156 E-mail: registrar.labourrelations@labour.gov.za</p> <p style="text-align: center;">OTHER INSTRUCTIONS</p> <p>Two completed copies of this form must be sent to the Registrar.</p>	<p>1) BARGAINING COUNCIL DETAILS</p> <p>Name of council:</p> <p>.....</p> <p>Address:</p> <p>.....</p> <p>Secretary of Council:</p> <p>Contact Number:</p> <p>E-mail Address:</p> <p>2) EXEMPTIONS</p> <p>2.1 Parties to the Council</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">Employer size</th> <th style="text-align: center;">9 or less</th> <th style="text-align: center;">10 - 49</th> <th style="text-align: center;">50 - 99</th> <th style="text-align: center;">100 - 500</th> <th style="text-align: center;">501 and more</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Total number of exemption applications</td> <td style="width: 150px;"></td> <td style="width: 150px;"></td> <td style="width: 150px;"></td> <td style="width: 150px;"></td> <td style="width: 150px;"></td> </tr> </tbody> </table> <p>2.2 Non-parties to the Council</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Employer size</th> <th style="text-align: center;">9 or less</th> <th style="text-align: center;">10 - 49</th> <th style="text-align: center;">50 - 99</th> <th style="text-align: center;">100 - 500</th> <th style="text-align: center;">501 and more</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Total number of exemption applications</td> <td style="width: 150px;"></td> <td style="width: 150px;"></td> <td style="width: 150px;"></td> <td style="width: 150px;"></td> <td style="width: 150px;"></td> </tr> </tbody> </table>	Employer size	9 or less	10 - 49	50 - 99	100 - 500	501 and more	Total number of exemption applications						Employer size	9 or less	10 - 49	50 - 99	100 - 500	501 and more	Total number of exemption applications					
Employer size	9 or less	10 - 49	50 - 99	100 - 500	501 and more																				
Total number of exemption applications																									
Employer size	9 or less	10 - 49	50 - 99	100 - 500	501 and more																				
Total number of exemption applications																									

... please turn over →

2.3 All exemptions processed by the Council

Exemptions	Granted	Partially granted	Refused	Withdrawn	Under consideration
Total exemptions					

NOTE: ALL APPLICATIONS FOR EXEMPTIONS SHOULD BE FINALISED WITHIN 30 DAYS OF RECEIPT

2.4 Exemptions by SMME(s)

Exemptions	Granted	Partially granted	Refused	Withdrawn	Under consideration
Total exemptions for SMMEs					

2.5 Total exemptions - All exemption applications received

Type of exemptions	Granted	Partially granted	Refused	Withdrawn	Under consideration
Wages					
Conditions of employment					
Pension/provident fund					
Medical/sick fund					
Other					

Specify other

.....

2.6 Exemptions - SMMEs

Type of exemptions	Granted	Partially granted	Refused	Withdrawn	Under consideration
Wages					
Conditions of employment					
Pension/provident fund					
Medical/sick fund					
Other					

Specify other (for SMMEs)

... Please turn over

3) ENFORCEMENT OF AGREEMENTS

Total number of Designated Agents		Inspections		Compliance Orders	
Full time	Part-time	Total inspections conducted in Industry	Conducted on small enterprises	Issued in the Industry	Issued to small enterprises

Signature of Secretary of Council

Date:

LRA Form 3.21
Section 49(4)
Labour Relations Act, 1995



CERTIFICATE OF REPRESENTATIVENESS OF COUNCIL

The Secretary
Bargaining Council

.....
.....
.....

In terms of section 49(4) I am satisfied that the
(name of council)
..... is a representative Council.

1. On the there were
(date) *(number)*
employees employed within the registered scope of the Council.

2. On the there were members of
(date) *(number)*
the trade unions that were party to the Council who were employed within the scope of the Council.

3. On the there were employees
(date) *(number)*
employed within the registered scope of the Council by members of the employers' organisations,
party to the Council.

Date:

Reference number:

(Official Stamp)

.....
Registrar of Labor Relations

LRA Form 3.21 A
Labour Relations Act, 1995
Section 49(2)



**CERTIFICATE
OF REPRESENTATIVENESS OF PARTIES TO A
COLLECTIVE AGREEMENT**

The Secretary

Bargaining Council

.....
.....
.....

In terms of section 49(2) I am satisfied that the parties to your Council's
..... Agreement is representative.

1. On the there were
(date) (number)
employees employed within the scope of the Agreement.

2. On the there were members of
(date) (number)
the trade unions that were party to the Council who employed within the scope of the Agreement.

3. On the there were employees
(date) (number)
employed within the scope of the Agreement by members of the employers' organisations, party to
the Agreement.

Date:

Reference no.:

.....
Registrar of Labour Relations

(Official stamp)

5) REPRESENTATIVENESS OF THE COUNCIL

Total number of employees falling within the new scope of the Council and who belong to the trade unions which are party to the Council:

.....

Total number of employers falling within the new scope of the Council and who belong to the employers' organisations which are party to the Council:

.....

Total number of employees employed within the new scope of the Council by the employers that belong to the employers' organisations which are party to the Council:

.....

Total number of employers within the new scope of the Council:

.....

Total number of employees employed within the new scope of the Council:

.....

Signature of Council Secretary:

Name:

Date:

.....

DEPARTMENT OF LABOUR DETAILS

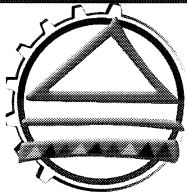
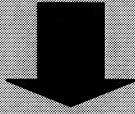
I, duly authorized thereto in terms of
(name of official)

Regulations 7(2), am satisfied that the information is substantially correct. The application was lodged with
the Department of Labour on:
(date)

Signature:

Date:

Place:

<p style="text-align: center;">LRA Form 3.23 Section 62(1) Labour Relations Act, 1995</p>	<p>APPLICATION ABOUT DEMARCATION DISPUTE</p>	 <p>CCMA</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 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 style="text-align: center;">WHO FILLS IN THIS FORM?</p> <ul style="list-style-type: none"> ▪ Any registered trade union, ▪ Employee, ▪ Employer, ▪ Registered employers' organisation, or ▪ Council. <p style="text-align: center;">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>.....</p> <p>Postal Address:</p> <p>.....</p> <p>.....</p> <p>Tel:..... Fax:.....</p> <p>Cell:.....Email:.....</p> <p>Contact Person:</p> <p>2. DETAILS OF OTHER PARTY(IES)</p> <p>Name:</p> <p>.....</p> <p>Postal Address:</p> <p>.....</p> <p>.....</p> <p>Tel:..... Fax:.....</p> <p>Cell:.....Email:.....</p> <p>Contact Person:</p>	
<p>CCMA Case Number.....</p>		<p>Please turn over →</p>

NOTE!
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.**

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 email confirmation slip or sent email; or
- Any other satisfactory proof of service.

The CCMA may be requested to assist with service.

Attach copies of relevant collective agreements and registration certificates of bargaining councils, if applicable.

WHERE DOES THIS FORM GO?

The Registrar, Regional Office of the CCMA.

3. DETAILS OF SECTOR, INDUSTRY AND AREA INVOLVED IN THIS DEMARCATION APPLICATION

.....

.....

.....

.....

4. WHAT IS THE PRIMARY NATURE OF THE BUSINESS

.....

.....

.....

.....

5. UNDER WHAT BARGAINING COUNCIL DOES THE BUSINESS FALL, IF ANY

.....

.....

6. DESCRIPTION OF ISSUE(S) IN DISPUTE

.....

.....

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.....

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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?

7. DEMARCATION SOUGHT

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.....
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.....
.....

8. MOTIVATION FOR DETERMINATION SOUGHT

.....
.....
.....
.....
.....
.....

9. CONFIRMATION OF ABOVE DETAILS




Form submitted by:
.....
(please print name)

Signature:.....

Position:

Date:

Place:

<p style="text-align: center;">LRA Form 4.1 Section 69(4) Labour Relations Act, 1995</p>	<p>REQUEST TO ESTABLISH PICKETING RULES</p>	
<p style="text-align: center;">Read This First</p> <div style="text-align: center;">  </div> <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 or employer.</p> <p>WHERE DOES THIS FORM GO?</p> <p>The Registrar, 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:..... Email:.....</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:..... Email:.....</p> <p>Contact Person:</p> <p>3. DETAILS OF REQUEST</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p>CCMA Case Number.....</p>	<p>Please turn over</p> <div style="text-align: right;">  </div>	

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 email confirmation slip or sent email; 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

If so, provide reasons

.....
.....
.....
.....

5. PROVIDE DETAILS OF THE DISPUTE

.....
.....
.....
.....

6. PROVIDE ANY PROPOSALS FOR SETTLEMENT OF THE DISPUTE

.....
.....
.....

7. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:



.....
(please print name)

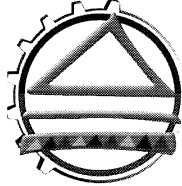

Signature:.....

Position:.....

Date:.....

Place:.....

<p style="text-align: center;">LRA Form 4.2 Section 73(1) Labour Relations Act, 1995</p>	<p>REFERRING DISPUTES FOR DETERMINATION AS AN ESSENTIAL SERVICE</p>	
<p style="text-align: center;">Read This First</p> <div style="text-align: center;">  </div> <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>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.</p> <p>An essential service means a service, which, if interrupted, would endanger the life or health of people.</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>ESC Case Number.....</p>	<p>Please turn over →</p>

<p>LRA Form 4.2A Section 72(8) Labour Relations Act, 1995</p>	<p>REFERRING A DISPUTE ARISING FROM NEGOTIATIONS CONCERNING MINIMUM SERVICE AGREEMENT FOR DETERMINATION</p>	 <p>CCMA</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 is a referral to the Essential Services Committee for a determination of a dispute arising from negotiations of minimum service agreement.</p> <p style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p>Any party to the dispute.</p> <p style="text-align: center;">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>ESC 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) 377-6650
Fax: (011) 834-7351
E-mail: esc@CCMA.org.za

OTHER INSTRUCTIONS

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

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 email confirmation slip or sent email ; or
- Any other satisfactory proof of service

The CCMA may be requested to assist with service.

4. DETERMINATION SOUGHT

.....

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.....

.....

.....

.....

.....

5. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:


.....
(please print name)

Signature:

Position:

Date:.....

Place:

<p>LRA Form 4.3 Section 75(2) Labour Relations Act, 1995</p>	<p>EMPLOYER APPLIES FOR MAINTENANCE SERVICE DETERMINATION</p>	
<p style="text-align: center;">Read This First</p> <p style="text-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) 377-6650 Fax: (011) 834-7351 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>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>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>ESC Case Number.....</p>	<p>Please turn over →</p>

OTHER INSTRUCTIONS

- In completing this form a party must give due consideration to the ESC regulations.
- 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 email confirmation slip or sent email; 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?

4. DETERMINATION SOUGHT

.....
.....
.....

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

.....
.....
.....
.....
.....
.....
.....
.....

6. NUMBER OF EMPLOYEES -

engaged in the maintenance service.....
not engaged in the maintenance service

7. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:

.....
(please print name)

Signature:

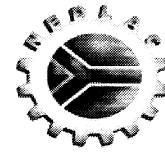
Position:

Date:

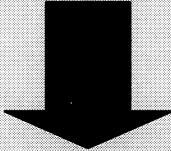
Place:

LRA Form 4.4
Section 77(1)(b)
Labour Relations Act, 1995

NOTICE TO NEDLAC ABOUT POSSIBLE PROTEST ACTION



READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

This form notifies NEDLAC that a trade union or a trade union federation is considering protest action.

WHO FILLS IN THIS FORM?

The Secretary of a trade union or trade union federation.

WHERE DOES THIS FORM GO?

Executive Director, NEDLAC, 1st Floor, South Towers, 160 Jan Smuts Avenue, Rosebank, 2196. P.O. Box 443, Auckland Park, 2006.

NOTICE TO NEDLAC IN TERMS OF SECTION 77(1)(b) STATING REASONS FOR AND NATURE OF PROTEST

1) PROTEST ACTION DETAILS

We,
.....
(name of registered trade union or federation of trade union)

intend protesting because
.....
.....
(give reasons)

We will protest by
.....
.....
(describe nature of protest)

The protest is directed at
.....
.....
(name and address of other party)

2) GENERAL

Address of union/federation:
.....

Tel: Fax:

Signature of Secretary:

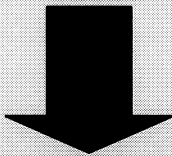
Name:

Date:



LRA Form 4.5
Section 77 (1)(d)
Labour Relations Act, 1995

READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

This form notifies NEDLAC that a trade union or a trade union federation intends proceeding with protest action.

WHO FILLS IN THIS FORM?

The Secretary of the trade union or trade union federation.

WHERE DOES THIS FORM GO?

Executive Director, NEDLAC,
1st Floor, South Towers, 160 Jan Smuts Avenue, Rosebank, 2196
P.O. Box 443, Auckland Park, 2006

OTHER INSTRUCTIONS

This form must be received by NEDLAC at least 14 days before the start of the protest action.

NOTICE TO NEDLAC OF INTENTION TO PROCEED WITH PROTEST ACTION

NOTICE TO NEDLAC IN TERMS OF SECTION 77(1)(d) OF INTENTION TO PROCEED WITH PROTEST ACTION

1) PROTEST ACTION DETAILS

We,
.....
(name of trade union or federation of trade unions)

intend to proceed with the protest action of which notice was served on NEDLAC on
(date)

The protest action will begin at on the
(place) *(date)*

2) GENERAL


Address of trade union/federation:
.....

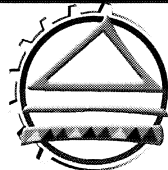

Tel: Fax:



Signature of Secretary:



Name:

Date:

<p>LRA Form 4.6 Section 70D and 71 Labour Relations Act, 1995</p>	<p>SUBPOENA BY ESSENTIAL SERVICE COMMITTEE</p>	 <p>CCMA</p>
<p>The following MUST be attached to a request for a subpoena:</p> <p>(a) motivation for the application and</p> <p>(b) proof that witness fees, travelling costs and subsistence expenses have been paid.</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 seven days prior to the date of the hearing.</p> <p>If this Form is submitted late, it must be accompanied by an application for condonation.</p>	<p>SUBPOENA IN TERMS OF THE ESSENTIAL SERVICES COMMITTEE REGULATIONS</p> <p>To: _____ (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>The matter between – _____ ESC Case number: _____ _____ (Names of Parties)</p> <p>_____ (Issue of Disputes)</p> <p>You are required in terms of the Regulations to appear before the Panel at _____ _____ (Address where hearing is being held)</p> <p>on _____ at _____ (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> <p>You must bring and produce the books, documents, visual footages or objects listed below:</p> <p>_____ (List books, documents and objects)</p> <p><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.</p>	
	<p>_____ (Signed by ESC Chairperson/Deputy Chairperson)</p> <p>_____ (Print name)</p>	<p>_____ (Date and CCMA Stamp)</p> <p>_____ (Place)</p>

<p>LRA Form 4.7 Section 70B(2) Labour Relations Act, 1995</p>	<p>BARGAINING COUNCIL REQUEST FOR ESSENTIAL SERVICE INVESTIGATION</p>	 <p>CCMA</p>
<p style="text-align: center;">READ THIS FIRST</p> <p style="text-align: center;">  </p> <p style="text-align: center;">WHAT IS THE PURPOSE OF THIS FORM?</p> <p>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.</p> <p>An essential service means a service, which, if interrupted, would endanger the life or health of people.</p> <p style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p>The General Secretary of the Bargaining Council.</p> <p style="text-align: center;">WHERE DOES THIS FORM GO?</p> <p>Essential Services Committee: c/o CCMA 28 Harrison Street Johannesburg 2001 Private Bag X94 Marshalltown, 2107 Tel: (011) 377 6650 Fax: (011) 834 7351 E-mail: esc@CCMA.org.za</p> <p style="text-align: center;">OTHER INSTRUCTIONS</p> <p>In completing this form a party must give due consideration to the ESC regulations.</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 the current certificate of accreditation must be attached to this form.</p> <p style="text-align: center;">CHECK!</p> <p>Have you attached your current certificate of accreditation?</p>	<p>1. BARGAINING COUNCIL'S 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>Registration Number:</p> <p>2. DETAILS OF SERVICE TO BE INVESTIGATED (Use additional paper if necessary)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>If an investigation is required only for part(s) of the service, state which part(s)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>3. DOES THE SERVICE FALL WITHIN THE JURISDICTION OF THE COUNCIL? GIVE DETAILS (Use additional paper if necessary)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>4. 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: .....Place.....</p>	
<p>ESC Case Number.....</p>		

<p style="text-align: center;">LRA Form 4.7A Section 70B(1)(d) and 71 Labour Relations Act, 1995</p>	<p>INTERESTED PARTY'S REQUEST FOR ESSENTIAL SERVICE INVESTIGATION</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 is a request by an interested party to the Essential Services Committee to conduct an investigation as to whether a whole or part of any service is an essential service.</p> <p>An essential service means a service, which, if interrupted, would endanger the life or health of people.</p> <p style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p>Any interested party.</p> <p style="text-align: center;">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. DETAILS OF THE SERVICE TO BE INVESTIGATED (indicate the nature of the service; the effects of the interruption to the service and how the interruption endangers life and health of people) [use additional paper if necessary]</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
	<p>ESC Case Number.....</p>	<p>Please turn over →</p>

<p style="text-align: center;">LRA form 4.8 Section 72(3) Labour Relations Act, 1995</p>	<p>REQUEST FOR RATIFICATION OF COLLECTIVE AGREEMENT PROVIDING FOR MAINTENANCE OF MINIMUM SERVICES</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 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 style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p>Representatives of the parties to the collective agreement.</p> <p style="text-align: center;">WHERE DOES THIS FORM GO?</p> <p>Essential Services Committee c/o CCMA 28 Harrison Street Johannesburg 2001 Private Bag X94 Marshalltown, 2107 Tel: (011) 377 6650 Fax: (011) 834 7351 E-mail: esc@CCMA.org.za</p> <p style="text-align: center;">OTHER INSTRUCTIONS</p> <p>In completing this form a party must give due consideration to the ESC regulations.</p> <p>A copy of the collective 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>.....</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>.....</p> <p>Tel:..... Fax:</p> <p>Cell: E-mail:</p> <p>Contact person</p> <p>Registration Number(s):.....</p> <p>2. CLAUSE(S) OF THE AGREEMENT PROVIDING FOR MINIMUM SERVICES</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
	<p>ESC Case Number.....</p>	<p style="text-align: center;">Please turn over →</p>

The description of the designated essential service in paragraph 3 must reflect the service as designated in the Government Gazette.

The motivation for ratification in paragraph 5 must demonstrate that the application of the agreement does not endanger the life, personal safety or health of people.

3. DETAILS OF THE DESIGNATED ESSENTIAL SERVICE

.....
.....
.....
.....
.....
.....
.....

4. DETAILS OF THE EMPLOYEES WHO ARE BOUND BY THE COLLECTIVE AGREEMENT

- a How many employees fall within the designated essential service?.....
- b How many employees fall within the minimum service?.....
- c Describe the nature of the work performed by the employees who fall within the minimum service.

.....
.....
.....

- d Describe the nature of the work performed by the employees who fall within the designated essential service, but who do not fall within the minimum service.

.....
.....
.....
.....

5. MOTIVATION FOR RATIFICATION

.....
.....
.....
.....
.....
.....

ESC Case Number.....

Please turn over →

CHECK

Have you attached a copy of the collective agreement?

6. IS THIS REQUEST URGENT?

Yes No

If yes, explain why it is urgent.

.....

.....

.....

.....

7. SIGNATORIES

(Use additional paper if necessary)

Employer Parties

Trade Union Parties

Name.....

Name.....

Signature:.....

Signature:.....

Position:.....

Position:.....

Date:.....

Date:.....

Tel:.....

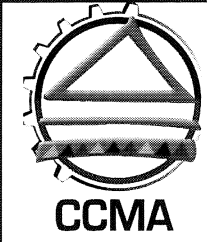

Tel:.....

Fax:

Fax:

E-mail

E-mail

<p>LRA Form 4.8A Section 73(1) Labour Relations Act, 1995</p>	<p>REFERRING DISPUTES FOR CONCLUSION OF A COLLECTIVE AGREEMENT PROVIDING FOR A MINIMUM SERVICE AGREEMENT</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 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 style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p>Any party to the dispute.</p> <p style="text-align: center;">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>.....</p>	
	<p>ESC 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) 377-6650
Fax: (011) 834-7351
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 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 email confirmation slip or sent email; or
- Any other satisfactory proof of service

The CCMA may be requested to assist with service.

4. DETERMINATION SOUGHT

.....

.....

.....

.....

.....

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.....

.....

5. TERMS OF PROPOSED AGREEMENT

.....

.....

.....

.....

.....

.....

6. CONFIRMATION OF ABOVE DETAILS:

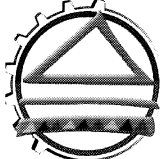

Form submitted by:
.....
(please print name)

Signature:

Position:

Date:.....

Place:

<p style="text-align: center;">LRA Form 5.1 Section 80(2) Labour Relations Act, 1995</p>	<p>REPRESENTATIVE TRADE UNION APPLIES TO ESTABLISH A WORKPLACE FORUM</p>	 <p>CCMA</p>
<p style="text-align: center;">Read This First</p> <div style="text-align: center;">  </div> <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 Registrar, Regional Office of the CCMA.</p>	<p>1. TRADE UNION DETAILS</p> <p>Name:</p> <p>.....</p> <p>Postal Address:</p> <p>.....</p> <p>.....</p> <p>Tel: Fax:.....</p> <p>Cell:..... Email:.....</p> <p>Contact Person (Trade Union):</p> <p>Contact Person (Representative at Workplace):</p> <p>Cell Number: Email:.....</p> <p>Registration Number:</p> <p>2. EMPLOYER DETAILS</p> <p>Name:</p> <p>.....</p> <p>Postal Address:</p> <p>.....</p> <p>.....</p> <p>Tel: Fax:.....</p> <p>Cell:..... Email:.....</p> <p>.....</p> <p>Contact Person:</p>	
	<p>CCMA 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 email confirmation slip or sent email; or
- Any other satisfactory proof of service.

The CCMA may be requested to assist with service.

CHECKI

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 union at the workplace:

.....

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

.....

e. 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 | |

5. CONFIRMATION OF ABOVE DETAILS:

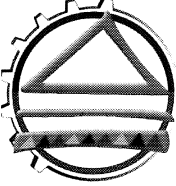

Form submitted by:

.....
 (please print name)

Signature:

Position:

Date:Place.....

<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">CCMA</p>
<p align="center">Read This First</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 Registrar, 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:..... Email:.....</p> <p>Contact Person (Trade Union):</p> <p>Contact Person (Representative at Workplace):</p> <p>Cell:..... Email:.....</p> <p>Registration Number:</p> <p>2. EMPLOYER DETAILS</p> <p>Name:</p> <p>Postal Address:</p> <p>Tel: Fax:.....</p> <p>Cell:..... Email:.....</p> <p>Contact Person:</p>	
<p>CCMA 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 email confirmation slip or sent email; 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 union's at the workplace:

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

e. 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	

5. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:

 (please print name)

Signature:

Position:

Date:Place.....

<p style="text-align: center;">LRA Form 6.1 Section 96(1) Labour Relations Act, 1995</p> <hr/> <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 is an application by a trade union for registration with the Department of Labour.</p> <p style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p>The Secretary of the trade union.</p> <p style="text-align: center;">WHERE DOES THIS FORM GO?</p> <p>The Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria 0001 Fax: 012-309-4156 E-mail: registrar.labourrelations@labour.gov.za</p> <p style="text-align: center;">OTHER INSTRUCTIONS</p> <p>One completed copy of this form and two copies of the union's constitution must be sent to the Registrar of Labour Relations.</p> <p>Each copy of the constitution must be signed by the Secretary and President / Chairman as being true copies.</p> <p>The applicant must be a genuine trade union. See published Ministerial Guidelines obtainable from the Department or at www.labour.gov.za</p> <p>A resolution by members to form a trade union.</p>	<div style="text-align: center;"> <p>APPLICATION FOR REGISTRATION OF A TRADE UNION</p> </div> <hr/> <p>TRADE UNION DETAILS</p> <p>Full Name and Acronym of the Trade Union</p> <p>.....</p> <p>.....</p> <p>The Position, Full Name and Surname, ID numbers, Work (company) addresses & Work (company) contact numbers of the union's office bearers and officials are: -</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 15%;">Position</th> <th style="width: 35%;">Name & Surname</th> <th style="width: 15%;">ID Number</th> <th style="width: 35%;">Company Address & Contact No</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">Office Bearers</td> </tr> <tr> <td>President / Chairperson</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Vice President / Vice Chairperson</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Treasurer</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Additional Members</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">Officials (union employees)</td> </tr> <tr> <td>General Secretary</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deputy General Secretary</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>We have members of which are paid-up members.</p> <p>Union Physical Address:</p> <p>.....</p> <p>Union Postal Address:</p> <p>.....</p> <p>Tel: Fax:</p> <p>E-mail address:</p>	Position	Name & Surname	ID Number	Company Address & Contact No	Office Bearers				President / Chairperson				Vice President / Vice Chairperson				Treasurer				Additional Members				Officials (union employees)				General Secretary				Deputy General Secretary			
Position	Name & Surname	ID Number	Company Address & Contact No																																		
Office Bearers																																					
President / Chairperson																																					
Vice President / Vice Chairperson																																					
Treasurer																																					
Additional Members																																					
Officials (union employees)																																					
General Secretary																																					
Deputy General Secretary																																					

--- please turn over →

5) Date of formation of Trade Union:

6) Indicate the number of members in each Industry / Sector/s.....

.....
.....
.....
.....

Signature of the General Secretary:

Full Name & Surname:

Date:

CHECK!

- Have you prepared and signed a copy of this form?
- Have you prepared two signed copies of the trade union's constitution?
- Have you attached copies of the resolution?

DEPARTMENT OF LABOUR DETAILS

I, am satisfied that the information is substantially
(name of official)

correct. The application was lodged with the Department of Labour on
(date)

Signature:

Date:

Place:

<p style="text-align: center;">LRA Form 6.2 Section 96(1) Labour Relations Act, 1995</p> <hr/> <p style="text-align: center;">READ THIS FIRST</p> <div style="text-align: center;"> </div> <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form is an application by an employers' organisation for registration with the Department of Labour.</p> <p>WHO FILLS IN THIS FORM?</p> <p>The Secretary of the employers' organisation.</p> <p>WHERE DOES THIS FORM GO?</p> <p>The Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria 0001. Fax 012-309 4156 Email: registrar.labourrelations@labour.gov.za</p> <p>OTHER INSTRUCTIONS</p> <p>One completed copy of this form and two copies of the organisation's constitution must be sent to the Registrar of Labour Relations.</p> <p>Each copy of the constitution must be signed by the Secretary and President / Chairman as being true copies.</p> <p>The applicant must be a genuine employers' organisation. See published Ministerial Guidelines obtainable from the Department or at www.labour.gov.za</p> <p>A resolution by employers to form an employers' organisation.</p>	<div style="text-align: right;"> </div> <p style="text-align: center;">APPLICATION FOR REGISTRATION OF AN EMPLOYERS' ORGANISATION</p> <hr/> <p>EMPLOYERS' ORGANISATION DETAILS</p> <p>1) Full Name and Acronym of the Employers' Organisation</p> <p>.....</p> <p>.....</p> <p>2) The Position, Full Name and Surname, ID numbers, Work (company) addresses & Work (company) contact numbers of the employers' organisation's office bearers and officials are: -</p> <p>3)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Position</th> <th style="width: 30%;">Name & Surname</th> <th style="width: 15%;">ID Number</th> <th style="width: 40%;">Company Address & Contact No</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">Office Bearers</td> </tr> <tr> <td>President / Chairperson</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Vice President / Vice Chairperson</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Treasurer</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Additional Members</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">Officials (organisation employees)</td> </tr> <tr> <td>General Secretary</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deputy General Secretary</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>4) We have members of which are paid-up members.</p> <p>5) Organisation's Physical Address:</p> <p>.....</p> <p>Organisation's Postal Address:</p> <p>.....</p> <p>Tel: Fax:</p> <p>E-mail address:</p>	Position	Name & Surname	ID Number	Company Address & Contact No	Office Bearers				President / Chairperson				Vice President / Vice Chairperson				Treasurer				Additional Members				Officials (organisation employees)				General Secretary				Deputy General Secretary			
Position	Name & Surname	ID Number	Company Address & Contact No																																		
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Treasurer																																					
Additional Members																																					
Officials (organisation employees)																																					
General Secretary																																					
Deputy General Secretary																																					

--- please turn over -->

6) Date of formation of Employers' Organisation:

7) Indicate the number of members in each Industry / Sector/s

.....
.....
.....

Signature of the General Secretary:

Full Name & Surname:

Date:

CHECK!

- Have you prepared and signed a copy of this form?
- Have you prepared two signed copies of the organisation's constitution?
- Have you attached copies of the resolution?

.....

DEPARTMENT OF LABOUR DETAILS

I, am satisfied that the information is substantially
(name of official)

correct. The application was lodged with the Department of Labour on
(date)

Signature:

Date:

Place:

LRA Form 6.3
Section 96(7)(a)
Labour Relations Act, 1995



CERTIFICATE OF REGISTRATION OF A TRADE UNION

This is to certify that

.....

(name of trade union)

has in terms of section 96(7)(a) of the Labour Relations Act, 1995, been registered as a trade union with

effect from

(date)

Date:

Reference number:

.....
Registrar of Labour Relations

(Official stamp of Registrar)

LRA Form 6.4
Section 96(7)(a)
Labour Relations Act, 1995



**CERTIFICATE OF REGISTRATION
OF AN EMPLOYERS' ORGANISATION**

This is to certify that

.....

(name of employers' organisation)

has in terms of section 96(7)(a) of the Labour Relations Act, 1995, been registered as an employers' organisation with effect from

(date)

Date:

Reference number:

.....
Registrar of Labour Relations

(Official stamp of Registrar)

LRA Form 6.5
 Section 99(a)
 Labour Relations Act, 1995

LIST OF MEMBERS TO BE KEPT BY A TRADE UNION

(a) Full name:	.....
(b) Identity number (if any):	.....
(c) Industry/Sector(s) in which employed:	.....
(d) Name of employer:	.....
(e) Address of employer:	..... ..... ..... ..... ..... .....

LRA Form 6.6
 Section 99(a)
 Labour Relations Act, 1995

LIST OF MEMBERS TO BE KEPT BY AN EMPLOYERS' ORGANISATION

(a) Full name and address of employer:	..... ..... ..... ..... .....
(b) Name and telephone no. of contact person:	..... ..... .....
(c) Sector(s) in which engaged	..... ..... .....
(d) Number of employees in each sector:

CONTINUES ON PAGE 162—PART 2



Government Gazette Staatskoerant

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REPUBLIEK VAN SUID-AFRIKA

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No. 10336

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No. 38317

PART 2 OF 2

N.B. The Government Printing Works will not be held responsible for the quality of "Hard Copies" or "Electronic Files" submitted for publication purposes



AIDS HELPLINE: 0800-0123-22 Prevention is the cure

3) Details of office bearers and officials

Position	Name & Surname	ID Number	Company Address & Contact No
Office Bearers			
Treasurer			
President / Chairperson			
Vice President / Vice Chairperson			
Additional Members			
Officials (union employees)			
General Secretary			
Deputy General Secretary			
Organiser			

4) The amalgamated trade union has members, of which are paid-up members.
(number) (number)

Name of trade union:

Name of trade union:.....

.....

.....

Signature of Secretary:

Signature of Secretary:

Name:

Name:

Date:

Date:

Name of trade union:

Name of trade union:.....

.....

.....

Signature of Secretary:

Signature of Secretary:

Name:

Name:

Date:

Date:

--- please turn over →

5) Industry / Sectors in which the trade union has members:
.....
.....
.....
.....

Signature of the General Secretary:

Full Name & Surname:

Date:

CHECK!

- Have you prepared and signed a copy of this form?
- Have you prepared two signed copies of the trade union's constitution?
- Have you attached copies of the resolution?

DEPARTMENT OF LABOUR DETAILS

I, duly authorized thereto in terms of Regulations 7(2),
(name of official)



am satisfied that the information is substantially correct. The application was lodged with the

Department of Labour on:
(date)

Signature:

Date:

Place:

<p style="text-align: center;">LRA Form 6.10 Section 102(2) Labour Relations Act, 1995</p>	<div style="text-align: right;">  </div> <p style="text-align: center;">APPLICATION BY AMALGAMATING EMPLOYERS' ORGANISATIONS FOR REGISTRATION</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 is an application for registration by employers' organisations which wish to amalgamate.</p> <p>WHO FILLS IN THIS FORM?</p> <p>The Secretary of each of the employers' organisations that are amalgamating.</p> <p>WHERE DOES THIS FORM GO?</p> <p>The Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria 0001. Fax 012-309 4156 Email: registrar.labourrelations@labour.gov.za</p> <p>OTHER INSTRUCTIONS</p> <p>One completed copy of this form and two copies of the constitution of the amalgamating employers' organisations must be sent to the Registrar of Labour Relations.</p> <p>Each copy of the constitution must be signed by the Secretary and President / Chairman as being true copies.</p> <p>The original certificate of registration of each of the amalgamating employers' organisations must be attached.</p> <p>A copy of the resolution to amalgamate must be submitted by each amalgamating employers' organisation.</p>	<p style="text-align: center;">APPLICATION IN TERMS OF SECTION 102(2) FOR REGISTRATION OF AMALGAMATING EMPLOYERS' ORGANISATIONS</p> <p>1) Amalgamating Employers' Organisation Details</p> <p>Name:</p> <p>.....</p> <p>.....</p> <p>2) Address (Postal and Street)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>We hereby apply for registration of an amalgamated employers' organisation. The following employers' organisations have chosen to amalgamate:</p> <p>i)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>ii)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>iii)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>iv)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;"><i>(Names and Addresses of Employers' Organisations)</i></p>

--- please turn over →

3) Details of office bearers and officials

Position	Name & Surname	ID Number	Company Address & Contact No
Office Bearers			
Treasurer			
President / Chairperson			
Vice President / Vice Chairperson			
Additional Members			
Officials (organisation employees)			
General Secretary			
Deputy General Secretary			
Organiser			

4) The amalgamated employers' organisation has members, of which are paid-up members.
(number) (number)

Name of empl. org: Name of empl. org:.....

Signature of Secretary: Signature of Secretary:

Name: Name:

Date: Date:

Name of empl. org: Name of empl. org:.....

Signature of Secretary: Signature of Secretary:

Name: Name:

Date: Date:

--- please turn over →

5) Industry / Sectors in which the employers' organisation has members:

.....
.....
.....
.....

Signature of the General Secretary:

Full Name & Surname:

Date:

CHECK!

- Have you prepared and signed a copy of this form?
- Have you prepared two signed copies of the organisation's constitution?
- Have you attached copies of the resolution?

DEPARTMENT OF LABOUR DETAILS

I, duly authorized thereto in terms of Regulation 7(2),
(name of official)

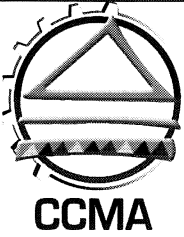

am satisfied that the information is substantially correct. The application was lodged with the

Department of Labour on:
(date)

Signature:

Date:

Place:

<p style="text-align: center;">LRA Form 7.1 Section 127(1) Labour Relations Act, 1995</p>	<p>COUNCIL APPLIES FOR ACCREDITATION/RENEWAL OF ACCREDITATION</p>	
<p style="text-align: center;">Read This First</p> <div style="text-align: center;">  </div> <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 Fax: (011) 834-7351 E-mail: ho@CCMA.org.za</p>	<p>1. COUNCIL'S DETAILS</p> <p>Name of Council:</p> <p>.....</p> <p>Physical Address:</p> <p>.....</p> <p>.....</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 into section 188A <input type="checkbox"/></p>	
		<p>Please turn over →</p>

OTHER INSTRUCTIONS

A copy of the certificate of registration, a motivation for accreditation and the Council's code of conduct must be attached to this form.

CHECK!

Have you attached to this form:

- a copy of the Council's certificate of registration
- details of the parties to the Council
- a motivation for accreditation
- the Council's Code of Conduct?

NOTE!

Please see Policy on CCMA website
www.ccma.org.za

3. DETAILS OF ACCREDITED AGENCY APPOINTED BY COUNCIL (if any)

Name of Accredited Agency:

.....

Physical Address:

.....

Tel: Fax:

Cell: E-Mail:

Contact Person:

The scope of the appointment including categories of dispute:

.....

.....

The council may appoint another accredited agency to 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.

4. THERE ARE 7 ACCREDITATION CRITERIA TO BE MET

4.1 The extent to which the services provided by the applicant will meet the commission's standards

4.2 The ability of the applicant to conduct its activities effectively

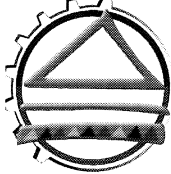
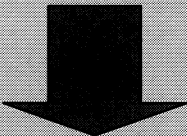
4.3 The independence of the persons appointed by the applicant to perform the functions

4.4 Details regarding the competence of the persons appointed by the applicant to perform the functions

4.5. Details regarding the applicant's code of conduct to govern the persons appointed to perform the functions

Please turn over 

	<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, employers' organisations, registered trade unions or trade union federations that are parties to the Council must be attached to this form.</p> <p>6. 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 –</p> <ul style="list-style-type: none"> ▪ 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. <p>7. CONFIRMATION OF ABOVE DETAILS:</p> <p>Form submitted by:</p> <p>..... (please print name)</p> <p>Signature:</p> <p>Position:</p> <p>Date:</p> <p>Place:</p>
--	--

<p>LRA Form 7.2 Section 127(1) Labour Relations Act, 1995</p>	<p>PRIVATE AGENCY APPLIES FOR ACCREDITATION/RENEWAL OF ACCREDITATION</p>	 <p>CCMA</p>
<p style="text-align: center;">Read This First</p> <div style="text-align: center;">  </div> <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>1. DETAILS OF PRIVATE AGENCY</p> <p>Name:</p> <p>.....</p> <p>Physical Address:</p> <p>.....</p> <p>Tel: Fax:</p> <p>Cell: E-Mail:</p> <p>Date of establishment:</p> <p>Contact person:</p> <p>.....</p> <p>2. ACCREDITATION IS SOUGHT FOR THE FOLLOWING DISPUTE 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>Please turn over →</p>	

NOTE!
Please see Policy on CCMA website
www.ccma.org.za

3.6 DETAILS REGARDING THE DISCIPLINARY PROCEDURES USED BY THE APPLICANT TO ENSURE SUBSCRIPTION AND ADHERENCE TO THE CODE OF CONDUCT

3.7 PROOF THAT THE APPLICANT PROMOTES A SERVICE THAT IS BROADLY REPRESENTATIVE OF SOUTH AFRICAN SOCIETY

4. 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 Act which the applicant believes should not be made applicable to it - see section 127(6). Please motivate.

5. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:

.....
(please print name)

Signature:

Position:.....

Date:

Place

LRA Form 7.3
Certificate of Accreditation of Council
Section 127(5)(a)(ii)

CERTIFICATE OF ACCREDITATION OF COUNCIL

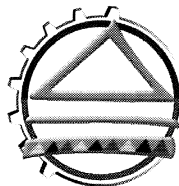
This is the certify that:

.....
.....
.....

(please print name of applicant)

has in terms of Section 127 of the Labour Relations Act of 1995, been accredited to perform dispute resolution functions, subject to the conditions as imposed by the Governing Body (if applicable) and subject to the terms set out in the accompanying attachment. This certificate is valid from -

..... to
(please insert date) (please insert date)



CCMA

(Official stamp of CCMA)

.....
**COMMISSION FOR CONCILIATION, MEDIATION AND
ARBITRATION**

Date:

Registration Number:

LRA Form 7.4
Certificate of Accreditation of Private Agency
Section 127(5)(a)(ii)

CERTIFICATE OF ACCREDITATON OF PRIVATE AGENCY

This is the certify that:

.....
.....
.....

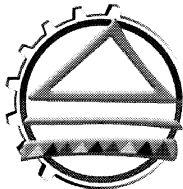
(please print name of applicant)

has in terms of Section 127 of the Labour Relations Act of 1995, been accredited to perform dispute resolution functions, subject to the conditions as imposed by the Governing Body (if applicable) and subject to the terms set out in the accompanying attachment. This certificate is valid from -

..... to

(please insert date)

(please insert date)





CCMA

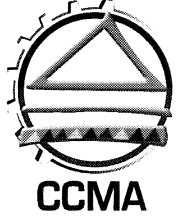

(Official stamp of CCMA)

.....
COMMISSION FOR CONCILIATION, MEDIATION AND ARBITRATION

Date:

Registration Number:

<p style="text-align: center;">LRA Form 7.5 Section 129(1) Labour Relations Act, 1995</p>	<p>COUNCIL/PRIVATE AGENCIES APPLIES TO AMEND ACCREDITATION</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 is an application by an accredited council/private agency to the CCMA to amend its accreditation. For example, the amendment can relate to the nature of services, the scope of work or the area.</p> <p style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p>An accredited council/private agency.</p> <p style="text-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 Fax: (011) 834-7351 E-mail: ho@CCMA.org.za</p> <p style="text-align: center;">OTHER INSTRUCTIONS</p> <p>A copy of the applicant's current certificate of accreditation must be attached to this form.</p> <p style="text-align: center;">CHECK!</p> <p>Have you attached your current certificate of accreditation?</p>	<p>1. DETAILS OF COUNCIL/PRIVATE AGENCY</p> <p>Name:</p> <p>.....</p> <p>Physical Address:</p> <p>.....</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>Have you attached your current certificate of accreditation?</p>	<p>Please turn over →</p>	

<p style="text-align: center;">LRA Form 7.8 Section 132(1) Labour Relations Act, 1995</p>	<p>ACCREDITED COUNCIL APPLIES FOR SUBSIDY/RENEWAL OF SUBSIDY</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 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 style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p>An accredited Council applying for subsidy.</p> <p style="text-align: center;">WHERE DOES THIS FORM GO?</p> <p>To the CCMA National Office: 28 Harrison Street Johannesburg Private Bag X94 Marshalltown 2107 Tel: (011) 377 6650 Fax: (011) 834 7351 E-mail: ho@ccma.org.za</p> <p style="text-align: center;">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 style="text-align: center;">CHECK!</p> <p>Have you attached your current certificate of accreditation? Have you attached your motivation (See Item 7)</p>	<p>1. DETAILS OF ACCREDITED COUNCIL</p> <p>Name :</p> <p>.....</p> <p>Postal Address:</p> <p>.....</p> <p>Tel:..... Fax:.....</p> <p>Contact Person:</p> <p>Registration Number:</p> <p>2. DISPUTE RESOLUTION FUNCTIONS FOR WHICH COUNCIL IS ACCREDITED</p> <p>Is the Council already accredited to perform particular dispute resolution functions?</p> <p><input type="checkbox"/> Yes</p> <p><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</p> <p><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>Please turn over →</p>	

	<p>3. THE EXTENT TO WHICH THE SERVICES PROVIDED BY THE APPLICANT WILL MEET THE COMMISSION'S STANDARDS</p> <p>The Governing Body may grant a subsidy to the applicant after considering the application, any further information provided by the applicant and-</p> <ul style="list-style-type: none"> (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. <p>4. DISPUTE RESOLUTION CASE LOAD</p> <p>Estimated case load?.....</p> <p>What period does the estimate cover?</p> <p>(Note: the period should end with the close of the CCMA's financial year, i.e. 31 March)</p> <p>5. ESTIMATED COST PER CASE</p> <p>Please indicate daily fee payable to panellists R.....</p> <p>6. BUDGET SUMMARY FOR THE PERIOD (Elaborate on these estimates in a supporting annexure)</p> <p>6.1 <u>Anticipated Expenses/Direct Costs:</u></p> <p>Panellists costs <input style="width: 80px; height: 20px;" type="text"/> Travelling costs <input style="width: 80px; height: 20px;" type="text"/></p>
	<p>Please turn over →</p>

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's 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. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:

.....
 (please print name)

Signature:

Position:

Date.....

Place.....

FURTHER 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 email confirmation slip; or
- Any other satisfactory proof of service.

Attach relevant documents such as collective agreements, etc.

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.

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

The other party is:

- An employer An employer's organisation
- An employee A trade union

Name:.....

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

Surname (if applicable):.....

Postal Address:.....

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

Physical Address:.....

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

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

Fax:.....Email:.....

Company or close corporation registration number:.....

If it is an organisational rights dispute, the name of the owner of and/or the person who controls access to the premises where the employees work.

If a Temporary Employment Service (TES) is involved, the name of the TES:

Number of employees employed by the employer:.....

3. NATURE OF THE DISPUTE

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

- Refusal to Bargain Mutual Interest
- Severance Pay Organisational Rights
- Unfair Labour Practice Disclosure of Information
- Freedom of Association S80 BCEA
- Unfair Discrimination - S10 EEA S19 SDA
- Interpretation/Application of Collective Agreement
- Unilateral Changes to Terms and Conditions of Employment
- Dismissal S198 LRA
- S198A LRA (Labour Broker) S198B (Fixed Term Contract)
- S198C (Part-time Employment)
- Other

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'.

The con-arb process involves arbitration being held immediately after the conciliation if the dispute remains unresolved.

If the employer objects to the arbitration commencing immediately after the conciliation the employer must submit a written notice in terms of CCMA Rule 17(2) at least 7 days prior to the scheduled date of the conciliation. The employer must attend the conciliation regardless of whether it makes this objection.

10. INTERPRETER SERVICES

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

- Afrikaans IsiNdebele IsiZulu
- IsiXosa Sepedi SeSotho
- Setswana IsiSwati Xitsonga
- Sign Language Tshivenda
- Other

11. DISCRIMINATION MATTER

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

Yes		No	
-----	--	----	--

(If written confirmation is available, please attach)

12. OBJECTION TO CON-ARB PROCESS (Only complete this part if you object to the arbitration commencing immediately after conciliation).

I/we object to the arbitration commencing immediately after the conciliation in terms of Section 191(5A)(c).

 Signature of person objecting to con-arb

The parties must attend the conciliation regardless of whether there is an objection.

13. CONFIRMATION OF ABOVE DETAILS

Form submitted by:

 (please print name)

Signature:

Position:

Date:

Place.....

LRA Form 7.12
 Labour Relations Act, 1995
 Section 64(1)(a)(i)
 135(5)(a)
 136(1)(a)

**CERTIFICATE OF OUTCOME OF
 DISPUTE REFERRED TO CONCILIATION**

CCMA 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 _____ or Was unresolved as at _____
 (give date) (give date)

Condonation:

Granted	Not applicable
---------	----------------

If this dispute remains unresolved, the following steps may be taken

Refer to Arbitration	Refer to Labour Court	Strike/ Lockout
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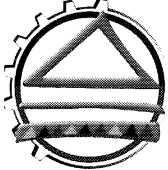



.....
 Name of Commissioner

.....
 Signature of Commissioner

.....
 Place

.....
 Date

<p>LRA Form 7.13 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 Skills Development Act, 1998 Section 19</p>	<h2 style="margin: 0;">REQUEST FOR ARBITRATION</h2> <p style="margin: 5px 0;">(Demarcation disputes (Section 62) must be processed on LRA Form 3.23)</p>	 CCMA
<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 Registrar at the Regional Office of the CCMA.</p> <p>This should be the same office, which conducted the conciliation.</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>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 style="text-align: right;">Code:.....</p> <p>Tel:..... Fax:.....</p> <p>Cell:.....Email:.....</p> <p>Contact person:</p> <p>2. DISPUTE DETAILS</p> <p>The case between:</p> <p style="text-align: right;">.....(referring party)</p> <p style="text-align: center;">and</p> <p style="text-align: right;">.....(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>	
<p>CCMA 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;
- A copy of a fax confirmation slip; or
- A copy of an email confirmation slip or sent email; 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:.....Email:.....

4. OUTCOME REQUIRED:

.....
.....
.....
.....
.....
.....

5. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:
.....
(please print name)

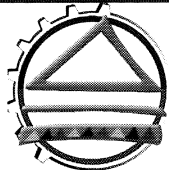
Signature:

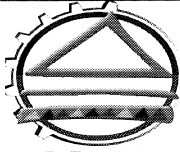
Position:


Date:

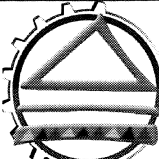
Place.....

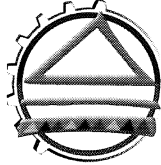


This form must be signed by the requesting party or a person entitled to represent the party in the arbitration proceedings.

<p style="text-align: center;">LRA Form 7.14 Section 136(3) Labour Relations Act, 1995</p>	<p>NOTICE OF OBJECTION TO ARBITRATION BY SAME COMMISSIONER</p>	 <p>CCMA</p>
<p style="text-align: center;">Read This First</p> <p style="text-align: center;">↓</p> <p>WHAT IS THE PURPOSE OF THIS FORM? This form notifies the CCMA that a party objects to an arbitrator who is the same commissioner who conducted the conciliation process.</p> <p>WHO FILLS IN THIS FORM? Objecting party.</p> <p>WHERE DOES THIS FORM GO? Registrar, Regional Office of the CCMA.</p> <p>OTHER INSTRUCTIONS 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; ▪ A copy of a fax confirmation slip; or ▪ A copy of an email confirmation slip or sent email; or ▪ Any other satisfactory proof of service. <p>The CCMA may be requested to assist with service.</p> <p>This form must be submitted to the CCMA within 7 days after the date of issue of the certificate.</p>	<p>1. PARTY DETAILS</p> <p>Name:</p> <p>Postal Address: Code:.....</p> <p>Tel: Fax:</p> <p>Cell: E-Mail:</p> <p>Contact Person:</p> <p>2. DETAILS OF THE OTHER PARTY</p> <p>Name:</p> <p>Postal Address: Code:.....</p> <p>Tel: Fax:</p> <p>Cell: E-Mail:</p> <p>Contact Person:</p> <p>3. OBJECTION DETAILS</p> <p>I/we (please print name)</p> <p>object to Commissioner (please print name)</p> <p>who conciliated the dispute.</p> <p>4. CONFIRMATION OF ABOVE DETAILS:</p> <p>Form submitted by: (please print name)</p> <p>Signature:</p> <p>Position:</p> <p>Date: Place:.....</p>	
	<p>CCMA Case Number.....</p>	

<p>LRA Form 7.15 Section 137(1) Labour Relations Act, 1995</p>	<p>APPLICATION TO APPOINT SENIOR COMMISSIONER TO ARBITRATE</p>	 <p>CCMA</p>
<p>Read This First</p> <p>WHAT IS THE PURPOSE OF THIS FORM? 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? A party to the dispute.</p> <p>WHERE DOES THIS FORM GO? The Commissioner in charge of the Regional Office of the CCMA.</p> <p>OTHER INSTRUCTIONS Two documents must be attached to this form:</p> <p>(a) A motivation; (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 email confirmation slip or sent email; or ▪ Any other satisfactory proof of service. 	<p>1. APPLICATION I/we apply to the Director of the CCMA to appoint a Senior Commissioner to arbitrate the dispute.</p> <p>2. MOTIVATION 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: Form submitted by: (please print name)</p> <p>Signature:</p> <p>Position:</p> <p>Date:</p> <p>Place.....</p>	
<p>The CCMA may be requested to assist with service.</p> <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?</p> <p>Have you attached your motivation (see section 137)?</p>	<p>CCMA Case Number.....</p>	

<p>LRA Form 7.16 Rule 37 of the CCMA Rules Section 142(1)(a),(b) and (c) Labour Relations Act, 1995</p>	<h1 style="margin: 0;">SUBPOENA</h1>	 CCMA
<p>The following MUST be attached to a request for a subpoena:</p> <p>(a) motivation for the application;</p> <p>and</p> <p>(b) proof that witness fees, travelling costs and subsistence expenses have been paid.</p> <p>This form, together with the motivation and proof of payment of witness fees, travelling costs and subsistence expenses, must be submitted to the CCMA at least seven days prior to the date of the arbitration hearing.</p> <p>If the Form is filed late, it must be accompanied by an application for condonation.</p>	<p>To: _____ (Name of Subpoenaed Person)</p> <p>_____</p> <p>(Organisation of Subpoenaed Person)</p> <p>_____</p> <p>(Address of Subpoenaed Person)</p> <p>A Commissioner has been appointed to resolve a dispute in terms of the Labour Relations Act (Act No. 66 of 1995).</p> <p>Commissioner _____ has been appointed (Name of Commissioner)</p> <p>The matter between – _____ CCMA Case number: _____</p> <p>_____</p> <p>(Names of Parties)</p> <p>_____</p> <p>(Issue of Disputes)</p> <p>You are required in terms of Section 142 of the Labour Relations Act (Act No. 66 of 1995) to appear before the Commissioner at</p> <p>_____</p> <p>(Address where hearing is being held)</p> <p>on _____ at _____</p> <p>(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>(Tick appropriate block)</p> <p>You must bring and produce the books, documents, visual footage or objects listed below:</p> <p>_____</p> <p>(List books, documents and objects)</p> <p><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.</p> <p>_____</p> <p>(Signed by CSC/SC) (Date and CCMA Stamp)</p> <p>_____</p> <p>(Print name) (Place)</p>	

<p style="text-align: center;">LRA Form 7.17 Rule 39 of the CCMA Rules Section 115 read with Section 138(10) Labour Relations Act, 1995</p>	<p>REFERRAL OF COST DISPUTE</p>	 <p>CCMA</p>
<p style="text-align: center;">READ THIS FIRST</p> <p style="text-align: center;">▼</p> <p style="text-align: center;">WHAT IS THE PURPOSE OF THIS FORM?</p> <p>To request the determination of a dispute arising from an award of costs.</p> <p style="text-align: center;">WHO FILLS IN THE FORM?</p> <p>The party requesting the determination.</p> <p style="text-align: center;">WHERE DOES THE FORM GO?</p> <p>To the Registrar at the Regional Office of the CCMA where the cost order was made.</p> <p style="text-align: center;">RELEVANT DOCUMENTATION</p> <p>Any relevant documentation must be attached to this form.</p> <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 email confirmation slip or sent email; or ▪ Any other satisfactory proof of service. <p>The CCMA may be requested to assist with service.</p>	<p>1. DETAILS OF PARTY REQUESTING DETERMINATION:</p> <p>Name:.....</p> <p>Postal Address:.....</p> <p>..... Code:.....</p> <p>Tel:..... Cell:.....</p> <p>Fax:..... E-mail:</p> <p>Contact person:.....</p> <p>2. DETAILS OF OTHER PARTY</p> <p>Name:.....</p> <p>Postal Address:.....</p> <p>..... Code:.....</p> <p>Tel:..... Cell:.....</p> <p>Fax:..... Email:</p> <p>Contact person:.....</p> <p>3. NATURE OF DISPUTE:</p> <p>.....</p> <p>.....</p> <p>4. RESULT REQUIRED:</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>	
	<p>CCMA Case Number</p>	

<p>LRA Form 7.18 Section 143 Labour Relations Act, 1995</p>	<p>APPLICATION TO CERTIFY CCMA AWARD</p>	 <p>CCMA</p>
<p>READ THIS FIRST</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 or a duly authorised representative completing part 1 of this form; • making an oath before a Commissioner of Oaths • submitting the form to the Registrar of the Regional Office of the CCMA for certification by the Director. <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, employers' 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 style="text-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 style="text-align: center;">(name)</p> <p>do hereby make oath and say:</p> <p>1. I am/represent .....the 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 style="text-align: center;">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 be signed by the applicant only 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. 	<p>4. To date the other party has not complied with the award.</p> <p>5. Application is hereby made for the Award to be certified by the Director in terms of Section 143(3) of the Act.</p> <p>.....</p> <p style="text-align: center;">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.....</p> <p>on (date), the regulations contained in Government Notices R1258 and R1648 having been complied with.</p> <p>.....</p> <p style="text-align: center;">COMMISSIONER OF OATHS</p>
	<p>Please turn over..... →</p>

**THE STATUS OF A CERTIFIED
AWARD**

In terms of Section 143(1) and (3) of the Act, an arbitration award that has been certified by the Director may be enforced.

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 the original of this document and the certified award to the Deputy Sheriff in the Magisterial District where the other party resides.

CHECK!

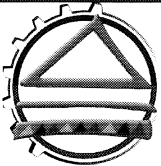
Have you attached a copy of the arbitration award and proof that the award was served on the other party?

PART 2**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 a Commissioner as contemplated in Section 143(1).

.....
DIRECTOR – CCMA

.....
DATE

<p style="text-align: center;">LRA Form 7.18A Section 143 read with Section 51(8) Labour Relations Act, 1995</p>	<p>APPLICATION TO CERTIFY BARGAINING COUNCIL AWARD</p>	 <p>CCMA</p>
<p style="text-align: center;">READ THIS FIRST</p> <p style="text-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 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>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, employers' 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 style="text-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 style="text-align: center;">(name)</p> <p>do hereby make oath and say:</p> <p>1. I am/represent .....the 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 style="text-align: center;">A copy of the proof of service is attached to this form.</p>	
<p>CCMA Case Number</p>	<p>Please turn over →</p>	

"Deponent" refers to the applicant. The completed affidavit should be signed by the applicant only 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.



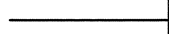
4. To date the other party has not complied with the award.
5. Application is hereby made for the Award to be certified by the Director in terms of Section 143(3) of the Act.

.....
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..... →

<p style="text-align: center;">LRA Form 7.19 Section 188A Labour Relations Act, 1995</p>	<p>REQUEST FOR INQUIRY BY ARBITRATOR</p>	
<p style="text-align: center;">Read This First</p> <div style="text-align: center;">  </div> <p style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p>An employer requesting an inquiry.</p> <p style="text-align: center;">WHERE DOES THIS FORM GO?</p> <p>To the Registrar, Regional Office of the CCMA.</p>	<p>1. DETAILS OF EMPLOYER REQUESTING AN INQUIRY</p> <p>Name:..... (If company or close corporation, the name of the company or close corporation)</p> <p>Surname (if applicable):.....</p> <p>Postal Address:..... Code:.....</p> <p>Physical Address:..... Code:.....</p> <p>Tel:..... Cell:.....</p> <p>Fax:..... Email:.....</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>Number of employees employed by the employer:.....</p> <p>2. EMPLOYEE'S 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:..... Code:.....</p> <p>Tel:..... Cell:.....</p> <p>Fax:..... Email:</p>	
	<p>CCMA Case Number</p>	<p>Please turn over </p>

CONSENT

An inquiry may be conducted only with the consent of the employee, or in accordance with a collective agreement, or where an employee, earning more than the threshold, has consented to the holding of the inquiry in a contract of employment.

FEEES PAYABLE

Proof of payment of the prescribed fee must accompany this form.

Payment may only be made by:

- Bank guaranteed cheque;
- Direct electronic payment into the CCMA's bank account.

Please contact the CCMA Regional Office for details.

3. ALLEGATIONS ABOUT CONDUCT OR CAPACITY

Attach a copy of the allegations (charges) against the employee to this form.

4. CONFIRMATION AND CONSENT TO INQUIRY

I
(Name of Employee)

confirm that I have been advised of the allegations against me; and

- (a) I consent to the process; or
- (b) am bound by a collective agreement providing for the inquiry. A copy of the collective agreement is attached; or
- (c) I earn more than the threshold and have consented to the process in my contract of employment. A copy of the contract of employment is attached hereto.

.....
EMPLOYEE'S SIGNATURE

5. PAYMENT OF FEES:

Proof of payment of the prescribed fee is attached.

6. PLACE OF HEARING

Please select where you would prefer the inquiry to take place:

- a. **CCMA Office**
- b. **Employer Premises**

If you select employer premises, please provide physical address of employer's premises

.....
.....
.....

Please turn over →

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 email confirmation slip or sent email; 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"/> IsiXosa | <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. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:




.....
(please print name)

Signature:.....

Position:

Date:

Place:

<p>LRA Form 7.20 Section 189A Labour Relations Act, 1995</p>	<p>REQUEST FOR SECTION 189A OPERATIONAL REQUIREMENTS FACILITATION</p>	
<p style="text-align: center;">READ THIS FIRST</p> <p style="text-align: center;"></p> <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form enables a party to initiate a Section 189A facilitation process.</p> <p>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>WHERE DOES THIS FORM GO?</p> <p>The Registrar, 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>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>1. DETAILS OF PARTY REQUESTING FACILITATION</p> <p>Employer <input type="checkbox"/> Party representing majority of employees <input type="checkbox"/></p> <p>Name:</p> <p>Postal Address:.....</p> <p>..... Postal Code:</p> <p>Tel:..... Cell:.....</p> <p>Fax:..... Email:</p> <p>Contact Person:</p> <p>2. DETAILS OF THE OTHER PARTY</p> <p>Name:</p> <p>Postal Address:.....</p> <p>..... Postal Code:</p> <p>Tel:..... Cell:.....</p> <p>Fax:..... Email:</p> <p>Contact Person:</p> <p>3. DETAILS OF FURTHER PARTIES (Please provide the names of any further parties, e.g where more than one union is involved, and attach details.)</p> <p>.....</p> <p>.....</p> <p>4. HOW MANY EMPLOYEES DOES THE EMPLOYER EMPLOY?.....</p> <p>5. HOW MANY EMPLOYEES ARE LIKELY TO BE RETRENCHED?</p> <p>.....</p> <p>6. HOW MANY EMPLOYEES ARE AFFECTED? (Total employees who need to be consulted?).....</p> <p>.....</p>	
<p>CCMA Case Number.....</p>		<p>Please turn over </p>

<p style="text-align: center;">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 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 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 email confirmation slip or sent email; or ▪ Any other satisfactory proof of service. <p>The CCMA may be requested to assist with service.</p> <p style="text-align: center;">CHECK!</p> <p>Have you attached proof that this form has been served on the other party?</p>	<p>7. RETRENCHMENTS ARE CONTEMPLATED IN THE FOLLOWING REGIONS OR WORK-PLACE LOCATIONS: (Please indicate expected numbers.)</p> <p>.....</p> <p>.....</p> <p>8. HOW MANY EMPLOYEES HAS THE EMPLOYER DISMISSED FOR OPERATIONAL REQUIREMENTS IN THE PAST 12 MONTHS AND IN WHICH REGIONS OR WORK-PLACE LOCATIONS? (Please indicate numbers.)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>9. 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>10. WHAT ARE THE REASONS FOR THE CONTEMPLATED DISMISSALS FOR OPERATIONAL REQUIREMENTS?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>11. WHAT ALTERNATIVES TO RETRENCHMENT HAVE BEEN CONSIDERED?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
	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 an advisory arbitration award is requested, may also be included.

12. 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..... | |

13. INTERPRETER SERVICES

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

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> IsiNdebele | <input type="checkbox"/> IsiZulu |
| <input type="checkbox"/> IsiXosa | <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 |

14. SPECIAL FEATURES / ADDITIONAL INFORMATION

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

.....
.....

15. PLACE OF FACILITATION

Please select where you would prefer the facilitation to take place:

- a. **CCMA Office**
- b. **Employer's Premises**

If you select the employer's premises, please provide physical address of employer's premises.

.....

16. CONFIRMATION OF ABOVE DETAILS

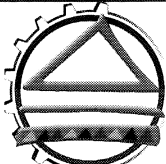
Form submitted by:
(please print name)

Signature:

Position:

Date:

Place.....

<p>LRA Form 7.21 Section 200A(3) Labour Relations Act, 1995</p>	<p>REQUEST FOR ADVISORY AWARD ON WHETHER A PERSON IS AN EMPLOYEE</p>	 <p>CCMA</p>
<p>READ THIS FIRST</p> <p style="text-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 Registrar, 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 employers' 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:..... Email:</p> <p>Contact person:.....</p> <p>(b) Name of the party if the requesting party is an employer, employers' organisation or trade union, or if the employers' organisation 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:..... Email:</p> <p>Contact person:.....</p>	
<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'

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

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 or fastmail from the Post Office; or
- A copy of a signed receipt if hand delivered; or
- A signed statement con-firming service by the person delivering the form; or
- A copy of a fax confirmation slip; or
- A copy of an email confirmation slip or sent email; 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:

.....

8. CONFIRMATION OF ABOVE DETAILS

Form submitted by:



.....
 (please print name)

Signature:

Position:



Date:

Place.....

<p style="text-align: center;">LRA Form 9.1 Section 205(1) Labour Relations Act, 1995</p>	<div style="text-align: right;">  </div> <p style="text-align: center;">EMPLOYER'S RECORD OF EMPLOYEES' EARNINGS, DEDUCTIONS AND TIME WORKED</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 is a record of employees' hours of work and their wages. The form assists inspectors and designated agents to check that certain minimum standards in terms of any collective agreement, award or determination is kept by employers.</p> <p style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p style="text-align: center;">The Employer.</p> <p style="text-align: center;">OTHER INSTRUCTIONS</p> <p>State employers that fall within the jurisdiction of the Public Service Co-ordinating Bargaining Council do not have to fill in this form.</p>	<p>1) GENERAL INFORMATION</p> <p>Date:</p> <p>Shifts worked</p> <p>a) from to</p> <p>b) from to</p> <p>c) from to</p> <p>2) EMPLOYEE INFORMATION</p> <p>Name:</p> <p>ID number:</p> <p>Occupation:</p> <p>Status (full time or piece worker)</p> <p>Age:</p> <p>3) ORDINARY TIME WORKED (INCLUDES SHIFT WORK IF APPLICABLE AND EXCLUDES OVERTIME WORK)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Day of the week</th> <th style="text-align: left;">Hours worked</th> <th style="text-align: left;">Shift a), b) or c)</th> </tr> </thead> <tbody> <tr><td>Sunday</td><td>.....</td><td>.....</td></tr> <tr><td>Monday</td><td>.....</td><td>.....</td></tr> <tr><td>Tuesday</td><td>.....</td><td>.....</td></tr> <tr><td>Wednesday</td><td>.....</td><td>.....</td></tr> <tr><td>Thursday</td><td>.....</td><td>.....</td></tr> <tr><td>Friday</td><td>.....</td><td>.....</td></tr> <tr><td>Saturday</td><td>.....</td><td>.....</td></tr> <tr><td>Total hours</td><td>.....</td><td>.....</td></tr> <tr><td>Ordinary rate per hour</td><td>.....</td><td>.....</td></tr> <tr><td>Amount due</td><td>.....</td><td>.....</td></tr> </tbody> </table>	Day of the week	Hours worked	Shift a), b) or c)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total hours	Ordinary rate per hour	Amount due
Day of the week	Hours worked	Shift a), b) or c)																																
Sunday																																
Monday																																
Tuesday																																
Wednesday																																
Thursday																																
Friday																																
Saturday																																
Total hours																																
Ordinary rate per hour																																
Amount due																																

-- please turn over -->

	4) OVERTIME	
	Day of the week	Hours worked
	Sunday	.....
	Monday	.....
	Tuesday	.....
	Wednesday	.....
	Thursday	.....
	Friday	.....
	Saturday	.....
	Total overtime hours	.....
	Overtime rate per hour	.....
	Amount due	.....
	 5) PAY	
	Earnings	
	Amount from ordinary work	.....
	Amount from overtime work	.....
	Any other allowance	.....
	Total	.....
	Deductions	
	P.A.Y.E.	.....
	Canteen	.....
	Loan	.....
	Other	.....
	Total take home pay	.....
	I, .....certify that this information is correct. (employer's name)	
Signature:		
Date:		

<p style="text-align: center;">LRA Form 9.2 Section 205(3)(a) Labour Relations Act, 1995</p>	<div style="text-align: right;">  </div> <p style="text-align: center;">RECORD OF STRIKE, LOCK-OUT OR PROTEST ACTION</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>An employer must keep a record of any strike, lock-out or protest action involving its employees.</p> <p style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p>The Employer / relevant Employers' Organization</p> <p style="text-align: center;">WHERE DOES THIS FORM GO?</p> <p>The Director-General, Department of Labour, Private Bag x117, Pretoria, 0001 Tel: (012) 309 4004 Fax: (012) 309 4406 E-mail: Strikes@labour.gov.za</p> <p>OTHER INSTRUCTIONS</p> <p>The employer must submit this form within seven days of the completion of the strike, lockout or protest action.</p> <p>If a strike, lockout or protest action occurs in more than one workplace of a single employer then a separate form must be completed for each workplace.</p>	<p style="text-align: center;">RECORD OF DETAILS OF STRIKE, LOCKOUT OR PROTEST ACTION TO BE KEPT BY EMPLOYER IN TERMS OF SECTION 205(3)(a)</p> <p>1) EMPLOYER DETAILS</p> <p>Name company:.....</p> <p>Contact Person.....</p> <p>Physical address:</p> <p>Province:</p> <p>Tel: Fax:</p> <p>E-mail address:</p> <p>Industry:</p> <p>Sub-Sector / Nature of business</p> <p>2) EMPLOYEE DETAILS</p> <p>2.1 Total number of workforce:</p> <p>2.2 Working time <i>(Please complete where applicable)</i></p> <p>Number of ordinary <i>hours</i> worked per day: / Shift.....</p> <p>Number of ordinary <i>days</i> worked per week: / Shift</p> <p>3) DETAILS OF THE ACTION (see definition on Page 3)</p> <p>3.1 Nature of action:</p> <p><input type="checkbox"/> Strike in company only</p> <p><input type="checkbox"/> Multi-employer strike</p> <p><input type="checkbox"/> Lockout</p> <p><input type="checkbox"/> Stay-away, protest action</p> <p><input type="checkbox"/> Other industrial action, specify</p> <p>.....</p>

-- please turn over -->

If the action was a strike. Did the employer lockout the strikers? (defensive lockout)

Yes	No
-----	----

How was the industrial action resolved?

Was replacement labour used?

Yes	No
-----	----

3.2 Strike duration:

Began:
(Date) (Time)

Ended:
(Date) (Time)

Duration in workdays (or hours if relevant)

3.3 Employees involved

Number of employees participating¹:

Number of employees affected²:

Total work-hours lost:

Total wages not paid (in Rands):.....

3.4 Unions involved:

Yes	No
-----	----

Name of Trade Union	Number of employees involved per union
TOTAL	

--- please turn over -->

3.5 Compliance with the Act

Was the action in compliance with the Act? (e.g. procedural or un-procedural)

Yes	No	Don't know
-----	----	------------

3.6 Strike reasons:

<ul style="list-style-type: none"> <input type="checkbox"/> Wages only (If the action was a wage strike, kindly indicate the following):- Percentage demanded by Union..... Percentage offered by employer Percentage agreed on by both parties..... <input type="checkbox"/> Bonuses and other compensation <input type="checkbox"/> Retrenchments / Dismissals <input type="checkbox"/> Working conditions <input type="checkbox"/> Socio-economic / political conditions 	<ul style="list-style-type: none"> <input type="checkbox"/> Refusal to bargain <input type="checkbox"/> Secondary action from another dispute <input type="checkbox"/> Grievances <input type="checkbox"/> Disciplinary matters <input type="checkbox"/> Organizational rights
<ul style="list-style-type: none"> <input type="checkbox"/> Any other reason, (please specify)..... <p>¹ Workers <i>participating</i> are those workers who went on strike or were locked out as a result of the dispute.</p> <p>² Workers <i>affected</i> are those workers not involved in the strike but could not continue with their normal duties as a result of the strike.</p> <p>Name of employer (<i>in full</i>):</p> <p>Signature of employer: Date:</p>	

--- please turn over →

DEFINITIONS

Strike:

The partial or complete concerted refusal to work, or the retardation or obstruction of work, by persons who are or have been employed by the same employer or by different employers, for the purpose of remedying a grievance or resolving a dispute in respect of any matter of mutual interest between employer and worker, and every reference to work in this definition includes overtime, whether it is voluntary or compulsory (section 213).

Lockout:

The exclusion by an employer of workers from the employer's workplace. For the purpose of compelling the workers to accept a demand in respect of any matter of mutual interest between employer and worker, whether or not the employer breaches those workers' contracts of employment in the course of or for the purpose of that exclusion.

Secondary strike:

A strike in support of a strike by other employees against their employer. The strikers have no issue with their employer, but that employer might be in a strong position (due to there being a close business relationship as either an important customer or supplier) to pressurise the employer who is in dispute.

Protest action:

The partial or complete refusal to work, or the retardation or obstruction of work, for the purpose of promoting or defending the socio-economic interest of workers, but not for a purpose referred to in the definition of "strike".

Stay away:

Industrial action by a group of employees in the form of absenting themselves from work without permission in support of some socio-economic issue which does not relate to their employment situation.

Work hours:

Hours during which an employee is obliged to work. Work hours lost is calculated by multiplying the number of **all workers** involved in each stoppage by the number of hours the stoppage lasted.

Working days lost:

Days during which an employee is obliged to work working days is calculated by multiplying the number of workers involved in each stoppage by the duration of the stoppage in days lost and adding the totals for all stoppages during the reference period.

LABOUR RELATIONS ACT 1995 (ACT, NO. 66 OF 1995)
ESSENTIAL SERVICE COMMITTEE REGULATIONS

The Minister of Labour has under section 70F(1) of the Labour Relations Act, 1995 (Act No. 66 of 1995), and after consulting the Essential Service Committee, made the Regulations in the schedule.

SCHEDULE

PART A – ESSENTIAL SERVICE INVESTIGATION

1. Request for investigation

A Bargaining Council or any interested party may in writing request the Committee to investigate whether the whole or part of any service should be designated as an essential service.

2. Representations to Committee

- (1) If the Committee has given notice of an investigation in terms of section 71 (1) of the Act as to whether the whole or part of any service should be designated as an essential service, any interested party may submit written representations to the Committee within the time periods specified in the notice.
- (2) An interested party submitting written representations in terms of sub-regulation (1) must -
 - (a) state the nature of its interest in the investigation;
 - (b) indicate whether or not they require an opportunity to make oral representations to the Committee, as contemplated by section 71(2)(b) of the Act;
 - (c) specify in an affidavit the factual evidence which forms the basis of its representations to the Committee;

- (d) identify any expert witness it intends to call and provide an affidavit containing a summary of that witness' evidence.
 - (e) provide a statement of the legal issues that arise from the material facts, containing sufficient particularity to enable other interested parties to reply;
 - (f) list any documents it intends to rely upon as part of its representations and attach a copy of those documents to its affidavit; and
 - (g) specify a physical, postal and electronic address at which it will receive notices and other documents.
- (3) The Committee may request interested parties to file additional written representations on issues specified by the Committee, within a period specified in the request.
- (4) The Committee may direct parties to –
- (a) serve their representations in terms of sub-regulation (1), and any additional representations in terms of sub-regulation (3), on other interested parties;
 - (b) file with the Committee proof that they have served such representations, at an address specified by such a party in terms of sub-regulation 2(g).

3. Notice of hearing

- (1) The Committee must notify all interested parties in terms of section 71(5) of the Act of the place and time at which the Committee will hold a hearing, unless no interested party has requested an opportunity to make oral representations.
- (2) In addition to the notification in terms of sub-regulation (1), the Committee must at least 21 days before a hearing, publish a notice stating the place and time of the hearing –
- (a) in a national newspaper; or

- (b) if the investigation is limited to a specified area, in a newspaper circulating in that area.

4. Pre-hearing conference

- (1) The chairperson, or in his absence the deputy chairperson person may –
 - (a) prior to holding a hearing, request all or some of the interested parties who have requested an opportunity to make oral representations to attend a pre-hearing conference; and
 - (b) at any stage, direct that a pre-hearing conference held in terms of paragraph (a) be chaired by the chairperson, the deputy chairperson or a senior commissioner.
- (2) The purpose of a pre-hearing conference is to attempt to reach consensus between the parties on:
 - (a) identifying facts that are common cause between some or all of the interested parties;
 - (b) identifying facts that are in dispute between some or all of the interested parties;
 - (c) identifying issues on which oral representations may be made;
 - (d) the preparation of documents for submission to the Committee and exchange of documents among interested parties;
 - (e) the necessity for on-the-spot inspections; and
 - (f) dealing with any other matter which may facilitate or expedite the conduct of the hearing.
- (3) The interested parties attending a pre-hearing conference must prepare and sign a minute of the pre- hearing conference.
- (4) In the case of a conference contemplated by sub-regulation 1(b), the person chairing the conference must prepare the minute for signature by the parties.

5. Persons appointed to assist Committee conduct investigation

- (1) A person appointed to assist the Committee in terms of section 70B(3) of the Act may be –
 - (a) a senior commissioner,
 - (b) any other commissioner, with appropriate expertise
 - (c) any other person, who the Committee considers to have appropriate expertise.
- (2) The Committee must specify in writing the matters that a person who has been appointed in terms of this regulation must submit a report on to the Committee.
- (3) The Committee may request a person appointed in terms of this regulation to include in their report a recommendation as to whether –
 - (a) the whole or part of a service should be designated as an essential service;
 - (b) the Committee should issue an order in terms of section 72(1)(a) of the Act directing one or more registered trade unions and employers' organisations or employers to negotiate a minimum services agreement in respect of the whole or part of a service that has been designated as an essential service.
- (4) The Committee may call any person who has prepared a report in terms of this regulation to give evidence to the Committee.

6. Inspection and copying of representations

- (1) An interested party may inspect written representations made in terms of section 71(2) at the Commission's head office.
- (2) The prescribed fee for obtaining a copy of, or extract from, a written representation is R2.50 per page or such other amount as may be determined by the Committee from time to time.

7. Hearing of evidence

- (1) An interested party may make oral representation to the Committee –
 - (a) if it has filed written representations in compliance with regulation 2; or
 - (b) if it has not filed written representations in compliance with regulation 2, the interested party shows good cause for its failure to do so.

- (2) The Committee:
 - (a) must determine which persons, including any person identified by an interested party in their representations, may give evidence;
 - (b) must administer an oath or accept an affirmation from any witness in accordance with section 142 (1)(e) of the Act;
 - (c) may permit any interested party to present the evidence of a witness identified by that party;
 - (d) may address questions to any witness; and
 - (e) may permit any other interested party to cross-examine a witness on any relevant issue in respect of which there is a dispute of fact.

8. Variation or cancellation of the whole or part of a designation of an essential service

Parts A and C of these regulations apply, with the changes required by the context, to any request for, or investigation into, the variation or cancellation of the designation of the whole or part of a service as an essential service in terms of section 71(9) of the Act.

PART B: DISPUTES AND REFERRALS**9. Disputes about whether a service is an essential service**

- (1) Any party who alleges that a dispute as contemplated by section 73(1)(a) or (b) of the Act exists may refer the dispute by submitting Form "LR 4.2" together with an affidavit setting out the evidence and legal submissions on which it relies.
- (2) If the applicant in a dispute relating to section 73 of the Act alleges that the referral is urgent, the applicant must state in its affidavit the grounds of urgency in sufficient detail for the Committee to make a determination on the issue of urgency.
- (3) The other parties to a dispute in terms of section 73(1) of the Act may submit written representations in the form of an affidavit within 21 days of receiving the referral or, in the case of a referral which is urgent, such shorter period as the Committee may determine.
- (4) The Committee may require the parties to submit any further information relevant to the dispute or application in writing within such a period as the Committee may determine, including argument on any legal issue raised by the dispute.
- (5) The Committee may request the parties to the dispute to attend a pre-hearing conference in order to expedite the hearing of the matter. In the case of an urgent matter, the Committee may give any directive regarding a pre-hearing conference, including a directive that a pre-hearing conference not be held due to the urgency of the matter.
- (6) If the Committee decides that a matter is urgent, the Committee may make an interim order in respect of the dispute or application pending a final determination.
- (7) The Committee, when determining the matter is urgent, may give its decision to the parties as soon as is practically possible; however, full reasons for the decision may be given at a later stage.

10. Determination of minimum services

- (1) Any party who alleges that a dispute about minimum services as contemplated by section 73(1)(c) or (d) exists may refer the dispute by submitting Form LRA

Form 4.8A together with an affidavit setting out the factual grounds upon which it relies.

- (2) Regulations 9 (2) to (7) apply to any dispute referred in terms of this sub-regulation (1).
- (3) The Committee may determine the minimum services that are required to be maintained in an essential service, irrespective of whether any party has referred a dispute to it in terms of section 73(1)(d) of the Act.

11. Ratification of collective agreement providing for maintenance of minimum services

- (1) A request by parties to a collective agreement to have the agreement ratified in terms of section 72(3) of the Act must be made by attaching the collective agreement to Form LR 4.8.
- (2) The Committee may require the parties to submit further written representations in regard to any matter relevant to the request for ratification.
- (3) The Committee may require the parties to appear before it in order to deal with any matter relevant to the request.
- (4) As soon as is reasonably practical after receiving the request, the Committee must either ratify or refuse to ratify the relevant provisions of the collective agreement and notify the parties of its decision in writing.
- (5) The Committee must, within 21 days of a request by any party to a collective agreement, provide brief reasons for its refusal to ratify the provisions of the collective agreement in terms of this regulation.

12. Application for maintenance service determination

- (1) An application in terms of section 75(2) of the Act must be made on Form LR 4.3, together with an affidavit.
- (2) The provisions of regulation 9(2) to (7) apply, with the changes required by the context, to any referral in terms of this regulation.

13. Conduct of hearings in terms of section 73 or 75 of the Act

- (1) As soon as reasonably practical after receiving the referral application in terms of section 73 or 75 of the Act respectively, the Committee must notify the parties in writing of the place and time of the hearing. The place and time of the hearing must be determined with due regard to urgency.
- (2) The Committee may decide that the dispute or application is capable of determination on the written representations or that it will hear oral evidence.
- (3) If the Committee decides that the matter is capable of determination on the written submissions before it, the Committee may hear argument from the parties and then make its determination.
- (4) If the Committee decides that it requires oral evidence, it must identify the issues on which it wishes to hear evidence and notify the parties of its decision in this regard at least seven days before the hearing.
- (5) Despite the provisions of sub-regulation (3), the Committee may during a hearing, direct that oral evidence be heard in which case the provision of sub-regulation (4) will apply.
- (6) The provisions of regulation 7 apply if oral evidence is heard.
- (7) If the Committee decides that a matter is urgent, the Committee may make an interim order in respect of the dispute or application pending a final determination.
- (8) The Committee, when determining the matter is urgent, may give its decision to the parties as soon as is practically possible; however, full reasons for the decision may be given at a later stage.

PART C: GENERAL PROVISIONS**14. Appointment of panels**

- (1) The chairperson, or in his absence the deputy chairperson, has the power to appoint a senior commissioner to preside at a panel hearing in terms of section 70C(2) of the Act.
- (2) An invitation to the employer and trade union parties participating in a hearing to nominate an assessor in terms of either section 70C(4)(b) or 5(b) of the Act, must be made in writing to –
 - (a) the employer and trade union parties participating in the hearing; and
 - (b) in the case of an investigation in terms of section 70(1) of the Act, the employer and trade union parties that have made written representations in terms of section 71(2) of the Act and requested an opportunity to make oral representations

15. Condonation

The Committee may, at the request of any party to any proceedings before the Committee and on good cause shown, condone any non-compliance with the provisions of these regulations, subject to such conditions as the Committee may in the circumstances consider appropriate.

16. Service and filing of documents

- (1) Any party filing a notice, representation or other document with the Committee in terms of the Act or the regulations must file the original and three copies with the head office of the Commission, as specified from time to time in the Rules of the Commission.
- (2) If a matter is being dealt with by a panel of five members, the Committee may require interested parties to file five copies of all notices, representations or documents.
- (3) The provisions of Part One of the Rules of the Commission, read with the changes required by the context, apply to the service and filing of any notice,

representation or other document in respect of proceedings before the Commission.

17. Powers of Committee

- (1) The Committee may exercise any of the powers of a Commissioner in terms of section 142(1) to (7) of the Act, read with the changes required by the context.
- (2) Contempt of the Committee is regulated by sections 142(8) to (12) of the Act, read with the changes required by the context.
- (3) No proceedings of the Committee shall be invalid by reason of the fact that any member was not present during the whole or part of any proceedings.

18. Postponements

The provisions of Rule 23, read with the relevant provisions of Rule 31, of the Rules of the Commission and the changes required by the context, apply to any application for a postponement.

19. Recordings of Committee's proceedings

The provisions of Rule 36 of the Rules of the Commission, read with the changes required by the context, apply to the recording of the proceedings of the Committee.

20. Definitions

In these regulations, any word defined in the Act has that meaning, unless the context indicates otherwise, and -

“Act” means the Labour Relations Act, 1995 (Act No. 66 of 1995) and any reference to a form refers to the relevant form published in the Labour Relations Regulations, 2014;

“Committee” means the Essential Services Committee established in terms of section 70 of the Act and, in these regulations, any reference to:

- (a) the chairperson or deputy chairperson is a reference to the chairperson or deputy chairperson of the Committee;

- (b) the Committee includes a panel appointed in terms of section 70C, in respect of a matter assigned to such a panel.
- (c) "Commission" means the Commission for Conciliation, Mediation and Arbitration established in terms of section 112 of the Act;
- (d) "Rules of the Commission" means the Rules for Conduct of Proceedings before the Commission, in force at any time;
- (e) "Senior Commissioner" means a senior commissioner contemplated by section 70C(3) of the Act.

21. Short title and commencement

These regulations shall be known as the Essential Service Committee Regulations.

NOTICE – CHANGE OF TELEPHONE NUMBERS: GOVERNMENT PRINTING WORKS

As the mandated government security printer, providing world class security products and services, Government Printing Works has adopted some of the highly innovative technologies to best serve its customers and stakeholders. In line with this task, Government Printing Works has implemented a new telephony system to ensure most effective communication and accessibility. As a result of this development, our telephone numbers will change with effect from 3 February 2014, starting with the Pretoria offices.

The new numbers are as follows:

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- Publications Enquiries : 012 748 6052/6053/6058 GeneralEnquiries@gpw.gov.za
 - Maps : 012 748 6061/6065 BookShop@gpw.gov.za
 - Debtors : 012 748 6060/6056/6064 PublicationsDebtors@gpw.gov.za
 - Subscription : 012 748 6054/6055/6057 Subscriptions@gpw.gov.za
- SCM : 012 748 6380/6373/6218
- Debtors : 012 748 6236/6242
- Creditors : 012 748 6246/6274

Please consult our website at www.gpwonline.co.za for more contact details.

The numbers for our provincial offices in Polokwane, East London and Mmabatho will not change at this stage.

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