



<p><b>LRA Form 3.22</b>  <b>Section 58</b>  <b>Labour Relations Act,</b>  <b>1995</b></p>	<p align="center"><b>COUNCIL APPLIES FOR VARIATION OF SCOPE OF REGISTRATION</b></p> 
<p><b>READ THIS FIRST</b></p>  <p><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p>This form is an application by a Council to vary its scope of registration. The Council thinks that its sector and area which made up its previous scope has changed. The scope of registration can be increased or decreased.</p> <p><b>WHO FILLS IN THIS FORM?</b></p> <p>The Secretary of the Council.</p> <p><b>WHERE DOES THIS FORM GO?</b></p> <p>The Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria 0001. Fax 012-309 4156          E-mail: <a href="mailto:registrar.labourrelations@labour.gov.za">registrar.labourrelations@labour.gov.za</a></p> <p><b>OTHER INSTRUCTIONS</b></p> <p>Each trade union and each employers' organisation which is party to the Council must fill in their respective representativeness tables. These tables must accompany this form.</p> <p>Two completed copies of this form must be sent to the Registrar.</p>	<p><b>1) COUNCIL DETAILS (Name and Address)</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><b>2) PROPOSED VARIATION OF SCOPE</b>  <b>This Council applies for the variation of its registered scope to:</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p align="center"><i>(insert character of sector which has been increased or decreased)</i></p> <p><b>Within the following area(s)</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

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REPRESENTATIVENESS OF EMPLOYERS' ORGANISATION

Name of Employers' Organisation .....

Area (state each area separately, indicating whether magisterial district, province or other)	Number of employers in the new scope of the Council and who are members of the employers'	Number of their employed employees within the new scope of the

... please turn over →

**REPRESENTATIVENESS OF TRADE UNION**

Name of Trade Union .....

Area (state each area separately, indicating whether magisterial district, province or other)	Number of employees employed within the new scope of the Council and who are members of the representative trade union

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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: .....

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DEPARTMENT OF LABOUR DETAILS

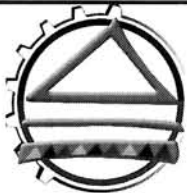

I, ..... duly authorized thereto in terms of  
(name of official)

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;"><b>LRA Form 3.23</b> <b>Section 62(1)</b> <b>Labour Relations Act, 1995</b></p>	<p><b>APPLICATION ABOUT DEMARCATION DISPUTE</b></p>	 <p><b>CCMA</b></p>
<p style="text-align: center;"><b>Read This First</b></p> <div style="text-align: center;">  </div> <p style="text-align: center;"><b>WHAT IS THE PURPOSE OF THIS FORM?</b></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"> <li>a) whether any employees or employers work in a sector or area;</li> <li>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.</li> </ol> <p style="text-align: center;"><b>WHO FILLS IN THIS FORM?</b></p> <ul style="list-style-type: none"> <li>▪ Any registered trade union,</li> <li>▪ Employee,</li> <li>▪ Employer,</li> <li>▪ Registered employers' organisation, or</li> <li>▪ Council.</li> </ul> <p style="text-align: center;"><b>OTHER PARTIES</b></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><b>1. APPLICANT DETAILS</b></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><b>2. DETAILS OF OTHER PARTY(IES)</b></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>

<p style="text-align: center;"><b>NOTE!</b></p> <p>This matter will not be set down for conciliation, but for in limine proceeding. Where possible in limine issues will be dealt with. <b>There is no need to bring witnesses to the in limine proceedings.</b></p> <p style="text-align: center;"><b>OTHER INSTRUCTIONS</b></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"> <li>▪ A copy of a registered slip from the Post Office; or</li> <li>▪ A copy of a signed receipt if hand delivered; or</li> <li>▪ A signed statement confirming service by the person delivering the form; or</li> <li>▪ A copy of a fax confirmation slip; or</li> <li>▪ A copy of an email confirmation slip or sent email; or</li> <li>▪ Any other satisfactory proof of service.</li> </ul> <p>The CCMA may be requested to assist with service.</p> <p>Attach copies of relevant collective agreements and registration certificates of bargaining councils, if applicable.</p> <p style="text-align: center;"><b>WHERE DOES THIS FORM GO?</b></p> <p>The Registrar, Regional Office of the CCMA.</p>	<p><b>3. DETAILS OF SECTOR, INDUSTRY AND AREA INVOLVED IN THIS DEMARCATION APPLICATION</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><b>4. WHAT IS THE PRIMARY NATURE OF THE BUSINESS</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><b>5. UNDER WHAT BARGAINING COUNCIL DOES THE BUSINESS FALL, IF ANY</b></p> <p>.....</p> <p>.....</p> <p><b>6. DESCRIPTION OF ISSUE(S) IN DISPUTE</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
	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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**8. MOTIVATION FOR DETERMINATION SOUGHT**

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**9. CONFIRMATION OF ABOVE DETAILS**

Form submitted by:




.....  
(please print name)

Signature:.....

Position: .....

Date: .....

Place: .....

<p style="text-align: center;"><b>LRA Form 4.1</b> <b>Section 69(4)</b> <b>Labour Relations Act, 1995</b></p>	<p><b>REQUEST TO ESTABLISH PICKETING RULES</b></p>	
<p style="text-align: center;"><b>Read This First</b></p> <div style="text-align: center;">  </div> <p style="text-align: center;"><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p>This form is a request by a party to the CCMA to establish picketing rules during a strike or lockout.</p> <p style="text-align: center;"><b>WHO FILLS IN THIS FORM?</b></p> <p>A registered trade union or employer.</p> <p style="text-align: center;"><b>WHERE DOES THIS FORM GO?</b></p> <p>The Registrar, Regional Office of the CCMA.</p> <p style="text-align: center;"><b>OTHER PARTIES</b></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><b>1. PARTY MAKING REQUEST</b></p> <p>Name: .....</p> <p>.....</p> <p>Postal Address:.....</p> <p>.....</p> <p>Tel:..... Fax:.....</p> <p>Cell:..... Email:.....</p> <p>Contact Person: .....</p> <p><b>2. OTHER PARTY'S DETAILS, INCLUDING AFFECTED THIRD PARTIES</b></p> <p>Name: .....</p> <p>.....</p> <p>Postal Address: .....</p> <p>.....</p> <p>Tel:..... Fax:.....</p> <p>Cell:..... Email:.....</p> <p>Contact Person: .....</p> <p><b>3. DETAILS OF REQUEST</b></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

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**5. PROVIDE DETAILS OF THE DISPUTE**

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**6. PROVIDE ANY PROPOSALS FOR SETTLEMENT OF THE DISPUTE**

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**7. CONFIRMATION OF ABOVE DETAILS:**

Form submitted by:



.....  
(please print name)

Signature:.....

Position:.....

Date:.....

Place:.....

<p style="text-align: center;"><b>LRA Form 4.2</b> <b>Section 73(1)</b> <b>Labour Relations Act, 1995</b></p>	<p><b>REFERRING DISPUTES FOR DETERMINATION AS AN ESSENTIAL SERVICE</b></p>	
<p style="text-align: center;"><b>Read This First</b></p> <div style="text-align: center;">  </div> <p><b>WHAT IS THE PURPOSE OF THIS FORM?</b></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><b>WHO FILLS IN THIS FORM?</b></p> <p>Any party to the dispute.</p> <p><b>OTHER PARTIES</b></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><b>1. APPLICANT DETAILS</b></p> <p>Name: .....</p> <p>Postal Address: .....</p> <p>.....</p> <p>Tel: ..... Fax: .....</p> <p>Cell: ..... E-Mail: .....</p> <p>Contact Person: .....</p> <p><b>2. DETAILS OF THE OTHER PARTY</b> (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><b>3. DESCRIPTION OF ISSUE(S) IN DISPUTE</b></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](mailto:esc@CCMA.org.za)

**OTHER INSTRUCTIONS**

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

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

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

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

- A copy of a registered slip from the Post Office; or
- A copy of a signed receipt if hand delivered; or
- A signed statement confirming service by the person delivering the form; or
- A copy of a fax confirmation slip; or
- A copy of an 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:

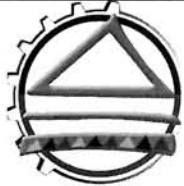

.....  
(please print name)

Signature: .....



Position: .....

Date: .....

Place: .....

<p style="text-align: center;"><b>LRA Form 4.2A</b> <b>Section 72(8)</b> <b>Labour Relations Act, 1995</b></p>	<p><b>REFERRING A DISPUTE ARISING FROM NEGOTIATIONS CONCERNING MINIMUM SERVICE AGREEMENT FOR DETERMINATION</b></p>	 <p><b>CCMA</b></p>
<p style="text-align: center;"><b>Read This First</b></p> <div style="text-align: center;">  </div> <p style="text-align: center;"><b>WHAT IS THE PURPOSE OF THIS FORM?</b></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;"><b>WHO FILLS IN THIS FORM?</b></p> <p>Any party to the dispute.</p> <p style="text-align: center;"><b>OTHER PARTIES</b></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><b>1. APPLICANT DETAILS</b></p> <p>Name: .....</p> <p>Postal Address: .....</p> <p>.....</p> <p>Tel:.....Fax:.....</p> <p>Cell: .....E-Mail: .....</p> <p>Contact Person: .....</p> <p><b>2. DETAILS OF THE OTHER PARTY</b> (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><b>3. DESCRIPTION OF ISSUE(S) IN DISPUTE</b></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><b>WHERE DOES THIS FORM GO?</b></p> <p>Essential Services Committee c/o CCMA 28 Harrison Street Johannesburg, 2001 Private Bag X94 Marshalltown, 2107</p> <p><b>Tel:</b> (011) 377-6650 <b>Fax:</b> (011) 834-7351 <b>E-mail:</b> <a href="mailto:esc@CCMA.org.za">esc@CCMA.org.za</a></p> <p><b>OTHER INSTRUCTIONS</b></p> <p>In completing this form a party must give due consideration to the ESC regulations.</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"> <li>▪ A copy of a registered slip from the Post Office; or</li> <li>▪ A copy of a signed receipt if hand delivered; or</li> <li>▪ A signed statement confirming service by the person delivering the form; or</li> <li>▪ A copy of a fax confirmation slip; or</li> <li>▪ A copy of an email confirmation slip or sent email ; or</li> <li>▪ Any other satisfactory proof of service</li> </ul> <p>The CCMA may be requested to assist with service.</p>	<p><b>4. DETERMINATION SOUGHT</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><b>5. CONFIRMATION OF ABOVE DETAILS:</b></p> <p>Form submitted by:</p> <p>..... (please print name)</p> <p>Signature: .....</p> <p>Position: .....</p> <p>Date:.....</p> <p>Place: .....</p>
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<p>LRA Form 4.3 Section 75(2) Labour Relations Act, 1995</p>	<p style="text-align: center;"><b>EMPLOYER APPLIES FOR MAINTENANCE SERVICE DETERMINATION</b></p> <div style="text-align: right;">   <b>CCMA</b> </div>	
<p style="text-align: center;"><b>Read This First</b></p> <div style="text-align: center;">  </div> <p><b>WHAT IS THE PURPOSE OF THIS FORM?</b></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><b>WHO FILLS IN THIS FORM?</b></p> <p>An employer.</p> <p><b>WHERE DOES THIS FORM GO?</b></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: <a href="mailto:esc@CCMA.org.za">esc@CCMA.org.za</a></p> <p><b>OTHER PARTIES</b></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><b>1. EMPLOYER DETAILS</b></p> <p>Name: .....</p> <p>Postal Address: .....</p> <p>Tel: ..... Fax: .....</p> <p>Cell: ..... E-Mail: .....</p> <p>Contact Person: .....</p> <p><b>2. OTHER PARTY DETAILS</b> (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><b>3. DESCRIPTION OF MAINTENANCE SERVICES</b></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**

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

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**6. NUMBER OF EMPLOYEES -**

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

**7. CONFIRMATION OF ABOVE DETAILS:**

Form submitted by:

.....  
(please print name)

Signature: .....

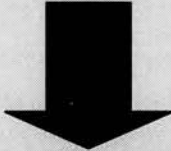
Position: .....

Date: .....

Place: .....

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

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, 1<sup>st</sup> Floor, South Towers, 160 Jan Smuts Avenue, Rosebank, 2196. P.O. Box 443, Auckland Park, 2006.

**NOTICE TO NEDLAC ABOUT POSSIBLE PROTEST ACTION**



**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: .....

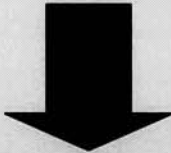
Date: .....





**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,  
 1<sup>st</sup> 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><b>LRA Form 4.6</b> <b>Section 70D and 71</b> <b>Labour Relations Act, 1995</b></p>	<p><b>SUBPOENA BY ESSENTIAL SERVICE COMMITTEE</b></p>	 <p><b>CCMA</b></p>
<p>The following <b>MUST</b> 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;"><b>NOTE!</b></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><b>SUBPOENA IN TERMS OF THE ESSENTIAL SERVICES COMMITTEE REGULATIONS</b></p> <p>To: _____</p> <p style="text-align: center;">(Name of Subpoenaed Person)</p> <p>_____</p> <p style="text-align: center;">(Organisation of Subpoenaed Person)</p> <p>_____</p> <p style="text-align: center;">(Address of Subpoenaed Person)</p> <p>A 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: _____</p> <p style="text-align: center;">(Names of Parties)</p> <p style="text-align: center;">(Issue of Disputes)</p> <p>You are required in terms of the Regulations to appear before the Panel at _____</p> <p style="text-align: center;">(Address where hearing is being held)</p> <p>on _____ at _____</p> <p style="text-align: center;">(Date of Hearing) (Time of Hearing)</p> <p>You are subpoenaed-</p> <p><input type="checkbox"/> for questioning</p> <p><input type="checkbox"/> to produce any book, document, visual footage or object</p> <p><input type="checkbox"/> to give expert evidence in terms of Section 142(1)(c)</p> <p style="text-align: center;"><b>(Tick appropriate block)</b></p> <p>You must bring and produce the books, documents, visual footages or objects listed below:</p> <p style="text-align: center;">(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) (Date and CCMA Stamp)</p> <p>_____ (Print name) (Place)</p>	

<p><b>LRA Form 4.7</b> <b>Section 70B(2)</b> <b>Labour Relations Act, 1995</b></p>	<p><b>BARGAINING COUNCIL REQUEST FOR</b> <b>ESSENTIAL SERVICE</b> <b>INVESTIGATION</b></p>	 <p><b>CCMA</b></p>
<p style="text-align: center;"><b>READ THIS FIRST</b></p> <p style="text-align: center;"></p> <p style="text-align: center;"><b>WHAT IS THE PURPOSE OF THIS FORM?</b></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;"><b>WHO FILLS IN THIS FORM?</b></p> <p>The General Secretary of the Bargaining Council.</p> <p style="text-align: center;"><b>WHERE DOES THIS FORM GO?</b></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: <a href="mailto:esc@CCMA.org.za">esc@CCMA.org.za</a></p> <p style="text-align: center;"><b>OTHER INSTRUCTIONS</b></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;"><b>CHECK!</b></p> <p>Have you attached your current certificate of accreditation?</p>	<p><b>1. BARGAINING COUNCIL'S DETAILS</b></p> <p>Name .....</p> <p>Postal Address .....</p> <p>Tel: ..... Fax: .....</p> <p>Cell: ..... E-mail: .....</p> <p>Contact person .....</p> <p>Registration Number: .....</p> <p><b>2. DETAILS OF SERVICE TO BE INVESTIGATED (Use additional paper if necessary)</b></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><b>3. DOES THE SERVICE FALL WITHIN THE JURISDICTION OF THE COUNCIL? GIVE DETAILS (Use additional paper if necessary)</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p><b>4. CONFIRMATION OF ABOVE DETAILS:</b></p> <p>Form submitted by:</p> <p>..... (please print name)</p> <p>Signature: .....</p> <p>Position: .....</p> <p>Date: .....Place.....</p>	
<p><b>ESC Case Number</b>.....</p>		

<p style="text-align: center;"><b>LRA Form 4.7A</b> Section 70B(1)(d) and 71 Labour Relations Act, 1995</p>	<p><b>INTERESTED PARTY'S REQUEST FOR ESSENTIAL SERVICE INVESTIGATION</b></p>	
<p style="text-align: center;"><b>Read This First</b></p> <div style="text-align: center;">  </div> <p style="text-align: center;"><b>WHAT IS THE PURPOSE OF THIS FORM?</b></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;"><b>WHO FILLS IN THIS FORM?</b></p> <p>Any interested party.</p> <p style="text-align: center;"><b>OTHER PARTIES</b></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><b>1. APPLICANT DETAILS</b></p> <p>Name: .....</p> <p>Postal Address: .....</p> <p>.....</p> <p>Tel:..... Fax: .....</p> <p>Cell: ..... E-Mail: .....</p> <p>Contact Person: .....</p> <p><b>2. DETAILS OF THE OTHER PARTY</b> (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><b>3. DETAILS OF THE SERVICE TO BE INVESTIGATED</b> (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;"><b>LRA form 4.8</b> <b>Section 72(3)</b> <b>Labour Relations Act, 1995</b></p>	<p><b>REQUEST FOR RATIFICATION OF COLLECTIVE AGREEMENT PROVIDING FOR MAINTENANCE OF MINIMUM SERVICES</b></p>	
<p style="text-align: center;"><b>READ THIS FIRST</b></p> <div style="text-align: center;">  </div> <p style="text-align: center;"><b>WHAT IS THE PURPOSE OF THIS FORM?</b></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;"><b>WHO FILLS IN THIS FORM?</b></p> <p>Representatives of the parties to the collective agreement.</p> <p style="text-align: center;"><b>WHERE DOES THIS FORM GO?</b></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: <a href="mailto:esc@CCMA.org.za">esc@CCMA.org.za</a></p> <p style="text-align: center;"><b>OTHER INSTRUCTIONS</b></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><b>1. DETAILS OF THE PARTIES TO THE AGREEMENT</b> (Use additional paper if necessary)</p> <p><b>Employer Parties</b></p> <p>Name:.....</p> <p>Postal Address:.....</p> <p>.....</p> <p>Tel:..... Fax: .....</p> <p>Cell: ..... E-mail: .....</p> <p>Contact person:.....</p> <p><b>Trade Union Parties</b></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><b>2. CLAUSE(S) OF THE AGREEMENT PROVIDING FOR MINIMUM SERVICES</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
	<p><b>ESC Case Number</b>.....</p>	<p style="text-align: right;">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**

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**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.

.....

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- 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.

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**5. MOTIVATION FOR RATIFICATION**

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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 style="text-align: center;"><b>LRA Form 4.8A</b> <b>Section 73(1)</b> <b>Labour Relations Act, 1995</b></p>	<p><b>REFERRING DISPUTES FOR CONCLUSION OF A COLLECTIVE AGREEMENT PROVIDING FOR A MINIMUM SERVICE AGREEMENT</b></p>	
<p style="text-align: center;"><b>Read This First</b></p> <div style="text-align: center;">  </div> <p><b>WHAT IS THE PURPOSE OF THIS FORM?</b></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><b>WHO FILLS IN THIS FORM?</b></p> <p>Any party to the dispute.</p> <p><b>OTHER PARTIES</b></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><b>1. APPLICANT DETAILS</b></p> <p>Name: .....</p> <p>Postal Address: .....</p> <p>.....</p> <p>Tel:.....Fax:.....</p> <p>Cell: .....E-Mail: .....</p> <p>Contact Person: .....</p> <p><b>2. DETAILS OF THE OTHER PARTY</b> (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><b>3. DESCRIPTION OF ISSUE(S) IN DISPUTE</b></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](mailto: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**

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**6. CONFIRMATION OF ABOVE DETAILS:**



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

Signature: .....

Position: .....

Date:.....

Place: .....

<p style="text-align: center;"><b>LRA Form 5.1</b> <b>Section 80(2)</b> <b>Labour Relations Act, 1995</b></p>	<p><b>REPRESENTATIVE TRADE UNION APPLIES TO ESTABLISH A WORKPLACE FORUM</b></p>	 <p><b>CCMA</b></p>
<p style="text-align: center;"><b>Read This First</b></p> <div style="text-align: center;">  </div> <p><b>WHAT IS THE PURPOSE OF THIS FORM?</b></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><b>WHO FILLS IN THIS FORM?</b></p> <p>A representative trade union.</p> <p><b>OTHER PARTIES</b></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><b>WHERE DOES THIS FORM GO?</b></p> <p>The Registrar, Regional Office of the CCMA.</p>	<p><b>1. TRADE UNION DETAILS</b></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><b>2. EMPLOYER DETAILS</b></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.

**CHECK!**

Have you sent a copy of this completed form to the other party?  
 Have you included proof of service?  
 Have you attached any extra information?

**3. WORKPLACE DETAILS**

a. Description and Address:

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

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

c. Number of members of applicant trade 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 style="text-align: center;"><b>LRA Form 5.2</b> <b>Section 81(1)</b> <b>Labour Relations Act, 1995</b></p>	<p><b>REPRESENTATIVE TRADE UNION APPLIES TO ESTABLISH A TRADE UNION BASED WORKPLACE FORUM</b></p>	 <p><b>CCMA</b></p>
<p style="text-align: center;"><b>Read This First</b></p> <div style="text-align: center;">  </div> <p style="text-align: center;"><b>WHAT IS THE PURPOSE OF THIS FORM?</b></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 style="text-align: center;"><b>WHO FILLS IN THIS FORM?</b></p> <p>A representative trade union.</p> <p style="text-align: center;"><b>OTHER PARTIES</b></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 style="text-align: center;"><b>WHERE DOES THIS FORM GO?</b></p> <p>The Registrar, Regional Office of the CCMA.</p>	<p><b>1. TRADE UNION DETAILS</b></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:..... Email:.....</p> <p>Registration Number: .....</p> <p><b>2. EMPLOYER DETAILS</b></p> <p>Name: .....</p> <p>.....</p> <p>Postal Address: .....</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>	

**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;"><b>LRA Form 6.1</b> <b>Section 96(1)</b> <b>Labour Relations Act,</b> <b>1995</b></p>	<p style="text-align: center;"><b>APPLICATION FOR REGISTRATION OF A</b> <b>TRADE UNION</b></p> <div style="text-align: right;">  </div>																																				
<p style="text-align: center;"><b>READ THIS FIRST</b></p> <div style="text-align: center;">  </div> <p style="text-align: center;"><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p>This form is an application by a trade union for registration with the Department of Labour.</p> <p><b>WHO FILLS IN THIS FORM?</b></p> <p>The Secretary of the trade union.</p> <p style="text-align: center;"><b>WHERE DOES THIS FORM GO?</b></p> <p>The Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria 0001 Fax: 012-309-4156 E-mail: <a href="mailto:registrar.labourrelations@labour.gov.za">registrar.labourrelations@labour.gov.za</a></p> <p style="text-align: center;"><b>OTHER INSTRUCTIONS</b></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 <a href="http://www.labour.gov.za">www.labour.gov.za</a></p> <p>A resolution by members to form a trade union.</p>	<p><b>TRADE UNION DETAILS</b></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 &amp; 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 style="background-color: #cccccc;"> <th style="width: 15%;">Position</th> <th style="width: 35%;">Name &amp; Surname</th> <th style="width: 15%;">ID Number</th> <th style="width: 35%;">Company Address &amp; Contact No</th> </tr> </thead> <tbody> <tr style="background-color: #cccccc;"> <td colspan="4" style="text-align: center;"><b>Office Bearers</b></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 style="background-color: #cccccc;"> <td colspan="4" style="text-align: center;"><b>Officials (union employees)</b></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	<b>Office Bearers</b>				President / Chairperson				Vice President / Vice Chairperson				Treasurer				Additional Members				<b>Officials (union employees)</b>				General Secretary				Deputy General Secretary			
Position	Name & Surname	ID Number	Company Address & Contact No																																		
<b>Office Bearers</b>																																					
President / Chairperson																																					
Vice President / Vice Chairperson																																					
Treasurer																																					
Additional Members																																					
<b>Officials (union employees)</b>																																					
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;"><b>LRA Form 6.2</b> <b>Section 96(1)</b> <b>Labour Relations Act,</b> <b>1995</b></p>	<div style="text-align: right;">  </div> <p style="text-align: center;"><b>APPLICATION FOR REGISTRATION OF AN EMPLOYERS' ORGANISATION</b></p>																																				
<p style="text-align: center;"><b>READ THIS FIRST</b></p> <div style="text-align: center;">  </div> <p><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p>This form is an application by an employers' organisation for registration with the Department of Labour.</p> <p><b>WHO FILLS IN THIS FORM?</b></p> <p>The Secretary of the employers' organisation.</p> <p><b>WHERE DOES THIS FORM GO?</b></p> <p>The Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria 0001. Fax 012-309 4156 Email: <a href="mailto:registrar.labourrelations@labour.gov.za">registrar.labourrelations@labour.gov.za</a></p> <p><b>OTHER INSTRUCTIONS</b></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 <a href="http://www.labour.gov.za">www.labour.gov.za</a></p> <p>A resolution by employers to form an employers' organisation.</p>	<p><b>EMPLOYERS' ORGANISATION DETAILS</b></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 &amp; 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 &amp; Surname</th> <th style="width: 15%;">ID Number</th> <th style="width: 40%;">Company Address &amp; Contact No</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;"><b>Office Bearers</b></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;"><b>Officials (organisation employees)</b></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	<b>Office Bearers</b>				President / Chairperson				Vice President / Vice Chairperson				Treasurer				Additional Members				<b>Officials (organisation employees)</b>				General Secretary				Deputy General Secretary			
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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?

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**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