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PART 2 OF 2

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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>LRA Form 6.10 Section 102(2) Labour Relations Act, 1995</p>	<p align="center">APPLICATION BY AMALGAMATING EMPLOYERS' ORGANISATIONS FOR REGISTRATION</p> 
<p align="center">READ THIS FIRST</p>  <p align="center">WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form is an application 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 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>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>ii)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>iii)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>iv)</p> <p>.....</p> <p>.....</p> <p 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>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 Council to the Governing Body of the CCMA for accreditation to perform various dispute resolution functions.</p> <p style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p>The General Secretary of the Council.</p> <p style="text-align: center;">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

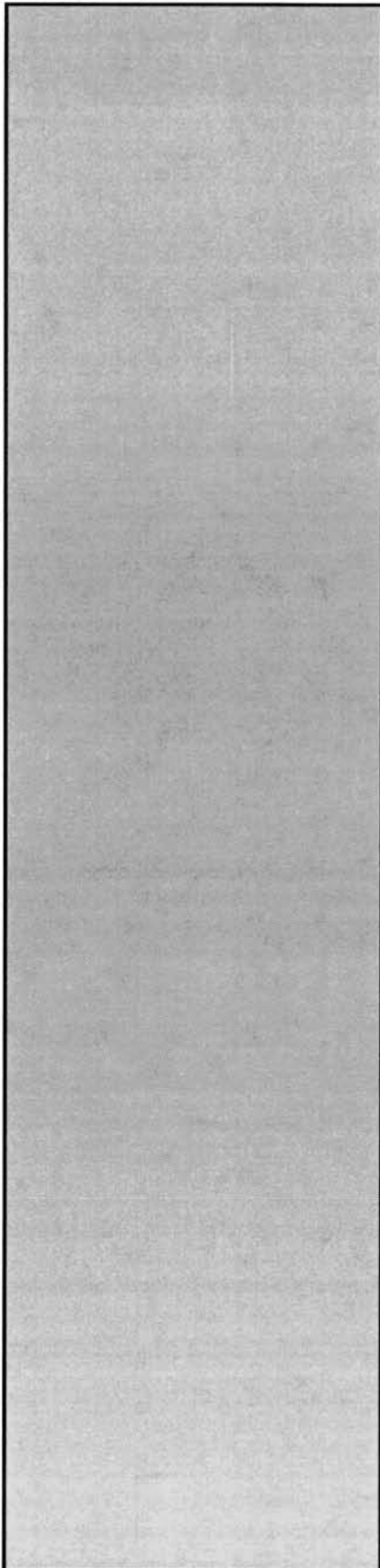
4.2 The ability of the applicant to conduct its activities effectively

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 



4.6. Details regarding the disciplinary procedures used by the applicant to ensure subscription and adherence to the code of conduct

4.7. Proof that the applicant promotes a service that is broadly representative of South African society

5. PARTIES TO THE COUNCIL

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.

6. MOTIVATION

(a) Prepare a motivation for the Governing Body of the CCMA, which deals with the issues raised in section 127(4) of the LRA with reference to the 7 accreditation criteria.

(b) Provide information on –

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

7. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:


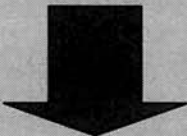
.....
(please print name)

Signature:

Position:

Date:

Place:

<p style="text-align: center;">LRA Form 7.2 Section 127(1) Labour Relations Act, 1995</p>	<p>PRIVATE AGENCY APPLIES FOR ACCREDITATION/RENEWAL OF ACCREDITATION</p>	
<p style="text-align: center;">Read This First</p> <div style="text-align: center; margin: 10px 0;">  </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

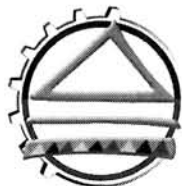
This is the certify that:

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

(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>Please turn over →</p>

	<p>3. MOTIVATION:</p> <p>Please supply information on changes to dispute resolution functions and areas of operation (refer to Section 127(4)):</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>4. CONFIRMATION OF ABOVE DETAILS:</p> <p>Form submitted by:</p> <p style="text-align: center;">(please print name)</p> <p>Signature:</p> <p>Position:</p> <p>Date:</p> <p>Place.....</p>
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<p>LRA Form 7.8 Section 132(1) Labour Relations Act, 1995</p>	<p>ACCREDITED COUNCIL APPLIES FOR SUBSIDY/RENEWAL OF SUBSIDY</p>		 <p>CCMA</p>
<p>Read This First</p>  <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form is an application by a Council to the Governing Body of the CCMA for a subsidy to perform dispute resolution functions and train people to perform these functions.</p> <p>WHO FILLS IN THIS FORM?</p> <p>An accredited Council applying for subsidy.</p> <p>WHERE DOES THIS FORM GO?</p> <p>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>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>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>Postal Address:</p> <p>Tel:..... Fax:.....</p> <p>Contact Person:</p> <p>Registration Number:</p> <p>2. DISPUTE RESOLUTION FUNCTIONS FOR WHICH COUNCIL IS ACCREDITED</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>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 type="text"/> Travelling costs <input 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 Resolved 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
-------------------------	--------------------------	--------------------





.....
 Name of Commissioner


.....
 Signature of Commissioner


.....
 Place


.....
 Date

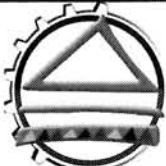
<p>LRA Form 7.13 Labour Relations Act, 1995 Sections 16, 21, 22, 24, 45, 61, 74, 86, 94, 133, 141, 191, 198, 198A-C Employment Equity Act, 1998 Sections 10 Basic Conditions of Employment Act, 1997 Sections 41 Skills Development Act, 1998 Section 19</p>	<h2 style="margin: 0;">REQUEST FOR ARBITRATION</h2> <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>.....</p> <p>Postal Address:.....</p> <p>..... 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>.....(referring party)</p> <p style="text-align: center;">and</p> <p>.....(other party)</p> <p>was referred for conciliation, but remains unresolved.</p> <p>The certificate of non-resolution is attached / 30 days have expired since referral (delete whichever is not applicable).</p> <p>The issues in dispute are</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</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>



<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; ▪ 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 sent a copy of this completed form to the other party?</p> <p>Have you included proof that you have sent a copy to the other party with this form?</p> <p>Have you attached the certificate confirming that the dispute was unresolved through conciliation?</p>	<p>3. DETAILS OF OTHER PARTY</p> <p>Name :</p> <p>Designation:.....</p> <p>Postal Address:</p> <p>.....Code:.....</p> <p>Physical Address:.....</p> <p>.....Code:.....</p> <p>Tel:..... Fax:.....</p> <p>Cell:.....Email:.....</p> <p>4. OUTCOME REQUIRED:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</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>This form must be signed by the requesting party or a person entitled to represent the party in the arbitration proceedings.</p>
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<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>	 CCMA
<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 align="center">APPLICATION TO APPOINT SENIOR COMMISSIONER TO ARBITRATE</p>		 <p align="center">CCMA</p>
<p align="center">Read This First</p> <p align="center">▼</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>The CCMA may be requested to assist with service.</p> <p align="center">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>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>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>_____ (Organisation of Subpoenaed Person)</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). Commissioner _____ has been appointed (Name of Commissioner)</p> <p>The matter between – _____ CCMA Case number: _____ _____ (Names of Parties)</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 _____ _____ (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>(Tick appropriate block)</p> <p>You must bring and produce the books, documents, visual footage 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 CSC/SC) _____ (Date and CCMA Stamp)</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 align="center">LRA Form 7.18 Section 143 Labour Relations Act, 1995</p>	<p align="center">APPLICATION TO CERTIFY CCMA AWARD</p>		 <p align="center">CCMA</p>
<p align="center">READ THIS FIRST</p> <p align="center"></p> <p align="center">WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form 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 align="center">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 align="center">and</p> <p>.....OTHER PARTY</p> <p>PART 1: APPLICATION IN TERMS OF SECTION 143 OF THE ACT</p> <p>I, the undersigned:</p> <p>.....</p> <p align="right">(name)</p> <p>do hereby make oath and say:</p> <p>1. I am/representthe referring / other party (delete whichever is not applicable) in the matter referred to above (referred to in this document as 'the applicant').</p> <p>2. On (date) 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 align="center">A copy of the proof of service is attached to this form.</p>		
	<p>Case Number.....</p>	<p align="right">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 style="text-align: right;">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>LRA Form 7.18A Section 143 read with Section 51(8) Labour Relations Act, 1995</p>	<p align="center">APPLICATION TO CERTIFY BARGAINING COUNCIL AWARD</p>		 <p align="center">CCMA</p>
<p align="center">READ THIS FIRST</p> <p align="center"></p> <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form requests the Director or delegated Commissioner of the CCMA to certify that an award issued under the auspices of a Bargaining Council is an award issued by a Bargaining Council Arbitrator.</p> <p>If the party against whom an award was made does not comply with an award that has been certified, the award may be enforced. This is done by -</p> <ul style="list-style-type: none"> • obtaining a copy of the arbitration award; • obtaining proof of service of the award on the other party from the relevant Bargaining Council; • attaching a copy of the arbitration award and proof of service to this form; • the applicant 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 align="center">and</p> <p>..... OTHER PARTY</p> <p>PART 1: APPLICATION IN TERMS OF SECTION 143 OF THE ACT</p> <p>I, the undersigned:</p> <p>.....</p> <p align="center">(name)</p> <p>do hereby make oath and say:</p> <p>1. I am/representthe referring / other party (delete whichever is not applicable) in the matter referred to above (referred to in this document as 'the applicant').</p> <p>2. On (date) Arbitrator made an arbitration award (referred to in this document as 'the award') in favour of the applicant. A copy of the award is attached to this form.</p> <p>3. The award was served on the party against whom the award was made (referred to in this document as 'the other party') on (date).....</p> <p align="center">A copy of the proof of service is attached to this form.</p>		
	<p>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;">THE STATUS OF A CERTIFIED AWARD</p> <p>In terms of Section 143(1) and (3) of the Act, an arbitration award that has been certified by the Director may be enforced. Section 51(8) provides that Section 143 applies to arbitrations conducted by bargaining councils unless a collective agreement concluded by the council provides otherwise.</p> <p>A certified award may be enforced against a party that does not comply with the award by-</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p style="text-align: center;">CHECK!</p> <p>Have you attached a copy of the arbitration award and proof that the award was served on the other party?</p>	<p>PART 2 AFFIDAVIT BY REPRESENTATIVE OF BARGAINING COUNCIL</p> <p>I, the undersigned</p> <p>do hereby make oath and say:</p> <ol style="list-style-type: none"> 1. I am the of the Bargaining Council. 2. The arbitration referred to above was conducted under the auspices of this Bargaining Council. 3. A copy of the award was served on the other party on (date) Proof of service is attached to this form. 4. The Bargaining Council has not concluded a collective agreement excluding the application of Section 143 of the Labour Relations Act. <p>.....</p> <p style="text-align: center;">DEPONENT</p> <p style="text-align: right;">---</p> <p>I HEREBY CERTIFY that the deponent has acknowledged that he/she knows and understands the contents of this affidavit, which was signed and sworn to before me at..... on (date)....., the regulations contained in Government Notices R1258 and R1648 having been complied with.</p> <p>.....</p> <p style="text-align: center;">COMMISSIONER OF OATHS</p> <p>PART 3 CERTIFICATE IN TERMS OF SECTION 143 (3) OF THE ACT</p> <p>In terms of Section 143(3) of the Labour Relations Act, 1995, I hereby certify that the above arbitration award is a final and binding award issued by an Arbitrator conducting an arbitration under the auspices of a bargaining council as contemplated in Section 143(1) read with Section 51(8).</p> <p>.....</p> <p style="display: flex; justify-content: space-between;"> DIRECTOR – CCMA DATE </p>
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<p style="text-align: center;">LRA Form 7.19 Section 188A Labour Relations Act, 1995</p>	<p>REQUEST FOR INQUIRY BY ARBITRATOR</p>	 <p>CCMA</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>