



Government Gazette Staatskoerant

REPUBLIC OF SOUTH AFRICA
REPUBLIEK VAN SUID AFRIKA

Regulation Gazette

No. 10905

Regulasiekoerant

Vol. 643

**22 January
Januarie 2019**

No. 42178

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

ISSN 1682-5843



9 771682 584003

42178



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

IMPORTANT NOTICE:

THE GOVERNMENT PRINTING WORKS WILL NOT BE HELD RESPONSIBLE FOR ANY ERRORS THAT MIGHT OCCUR DUE TO THE SUBMISSION OF INCOMPLETE / INCORRECT / ILLEGIBLE COPY.

No FUTURE QUERIES WILL BE HANDLED IN CONNECTION WITH THE ABOVE.

Contents

<i>No.</i>		<i>Gazette No.</i>	<i>Page No.</i>
GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS			
Labour, Department of/ Arbeid, Departement van			
R. 24	Labour Relations Act, 1995: Amendments of Regulations: CCMA Forms.....	42178	4

GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

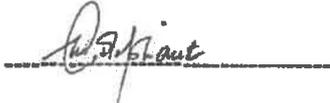
DEPARTMENT OF LABOUR

NO. R. 24

22 JANUARY 2019

LABOUR RELATIONS ACT, 1995

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

**M N OLIPHANT, MP****MINISTER OF LABOUR****SCHEDULE****Definition**

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

Amendments of Regulations

2. The Regulations are hereby amended by amending some of the existing LRA Forms and introducing new LRA Forms to give effect to the Commission for Conciliation, Mediation and Arbitration (CCMA)'s newly attained jurisdiction in terms of the Basic Conditions of Employment Act 75 of 1997 (the BCEA).

Section 208 of the Labour Relations Act and Section 86(1) of the Basic Conditions of Employment Act empowers the Minister to make regulations regulating any matter that may or must be prescribed.

The LRA Forms published under Government Notice No. R. 1016 of 19 December 2014 as per the attached Schedule are hereby repealed and replaced by the amended LRA forms which are hereby published with the introduction of new LRA Forms.

Anything done under a provision of the regulations repealed which could have been done under a provision of these regulations, shall be regarded as having been done under the provision of these regulations."

FORM NO:	FORM TITLE	NATURE AMENDMENT	PURPOSE OF THE AMENDMENT
FORMS TO BE PUBLISHED UNDER THE LRA REGULATIONS			
LRA 7.11	Referring a dispute to the CCMA for conciliation	<p>Include the referral of the following disputes:</p> <ul style="list-style-type: none"> • Disputes relating to breach of collective agreement, picketing agreement or 	Expand the nature of matters that may be referred to the CCMA utilizing the 7.11 form.
	(including conarb)	<p>picketing rules S69(8) Disputes referred in terms of S84 BCEA Application for determination of Picketing Rules - S 69(6B) Unilateral Changes to Terms & Conditions of Employment S4(6) NMWA S73A of the BCEA (Claims for monies owing in terms of the NMWA) S73A (Other claims for failure to pay amounts owing) S69(5) BCEA (Dispute relating to Compliance orders)</p> <p>Department of Labour recognised referring party or other party. Disputes can be referred against other parties not cited in the form i.e. TES</p> <p>Provide explanatory notes on referral of disputes relating to: --</p> <ul style="list-style-type: none"> • Compliance orders • National Minimum wage • Discrimination • Matters of Mutual Interests 	<p>Give effect to CCMA's newly attained jurisdiction in terms of the NMWA and BCEA.</p> <p>Provide guidance with regard to the completion of the form.</p>
Annexure A to LRA 7.11	Information relevant for the determination of picketing rules	<p>This is a new form which must be completed by persons referring mutual interest disputes or requesting the determination of picketing Rules. The form sets out information which the commissioner will need in the event that he/she has to determine picketing Rules for the parties as set out in Sec 69 of the LRA.</p>	To ensure that commissioners are in possession of relevant information for the purpose of determining picketing Rules.
LRA 7.16	Subpoena	<p>Request for a subpoena must be made at least 14 days before the arbitration.</p> <p>Deletion of a requirement for a</p>	To allow sufficient time for service in line with the Regulations and the Rules.

		condonation application where the request is filled late.	
LRA 7.12	Certificate of outcome of dispute referred to conciliation	A commissioner issuing a certificate of outcome may indicate the next step in respect of a dispute that has not been resolved to be a referral to interest or advisory arbitration.	To make provision for referral to Interest Arbitration.
LRA 7.1	Council applies for accreditation/ renewal of accreditation	The applicant council is required to attach the following documents to the application for accreditation or renewal: <ul style="list-style-type: none"> • a copy of the Council's main collective agreement • a copy or copies of the collective agreement(s) dealing with council administration, expenses and dispute resolution processes. • a copy of the Constitution of Council • a copy of the list of Council's panellists 	Additional documents required will assist the CCMA in: <ul style="list-style-type: none"> • Determining the sustainability of the council, including, its ability to fund dispute resolution processes. • Ascertaining the council's dispute resolution processes. • Verifying the accreditation of the panel's panellists
LRA 7.20	Request for section 189A operational requirements facilitation	Referring party required to provide details of any other company / entity that has an interest in the matter. Referring party to briefly provide the business rationale i.e. economic, structural or technological, if it is the reasons for the retrenchment. Referring party to disclose any retrenchments in the past 24 months, the involvement of other relevant stakeholders such as DMR, DTI etc. and the extent of their involvement.	To ensure that the Commissioner has adequate information necessary for effective facilitation of the dispute.
LRA 4.8	Request for ratification of a minimum service agreement (MSA).	Deletion of the requirement to provide information which is already contained in the MSA. Parties to attach MSA.	Simplifying the form. ESC will have relevant MSA to consider the application.

LRA 4.6	Subpoena by Essential Service Committee	Request for a subpoena must be made at least 14 days before the arbitration. Deletion of a requirement for a condonation application where the request is filled late.	To allow sufficient time for service in line with the regulations and the rules.
LRA 4.7A	Interested party's request for essential services investigation	Include the referral of Section 71(9) variations. Align the explanatory note under the requirement to set out the details of a service to be investigated with the definition of essential service as used in the Act.	Give effect to section 71(9) of the LRA. Align to the definition of essential service as used in the Act,
LRA 4.9 NEW FORM	Application to vary / cancel a maintenance services designation	Outlines information and documentation necessary to enable the ESC to properly consider a request for variation or cancelation of a maintenance services designation in terms of section 75(8) of the LRA	Give effect to the provisions of Section 75(8) of the LRA in respect of requests for variation of cancelation of a maintenance services designation
LRA 7.22 NEW FORM	Acceptance / rejection of advisory arbitration award, request for extension or for the panel to reconvene	This is a 3 part form which will be used by parties to an advisory arbitration when: <ul style="list-style-type: none"> • Indicating their acceptance or rejection of the award; • Requesting an extension of the time within which they are to accept or reject the award; and • Requesting the panel to reconvene. 	Give effect to section 150C of the LRA relating to advisory arbitrations
LRA 7.23 NEW FORM	Application for extension of the conciliation period	This is a 2 part form which will be used by: <ul style="list-style-type: none"> • The parties or commissioner when requesting an extension of the conciliation period in terms of Sec 135(2A); and • The Director when responding to the application. The form sets out relevant information to an advisory arbitration when:	Give effect to section 135(2A) of the LRA relating to the extension of the conciliation period.
LRA 7.12A NEW FORM	Conciliation outcome report	This form is to be completed by the conciliating commissioner and attached to the certificate of outcome. It mandates the commissioner to provide a detailed outcome report in respect of the conciliation process, outlining compliance with the relevant legislative provisions, specifically, in disputes related to matters of mutual interest giving rise to a strike.	Gives effect to the provision of section 135, read together with section 69 of the LRA.

LRA Form 3.5	Section 32(1) & 32(5)	Bargaining Council requests extension of collective agreement to non-parties	This form requests the Minister of Labour to extend a collective agreement to non-parties.
LRA Form 3.6	Section 32(6)(a)	Council requests to extend period of, or renew, collective agreement extended to non-parties	This form requests the Minister of Labour to extend the period of, or renew, a collective agreement that has been extended to non-parties.
FORM TO BE PUBLISHED UNDER THE BCEA REGULATIONS			
BCEA 15 NEW FORM	Request for written undertaking / compliance order to be made an arbitration award	Outlines the information required when bringing an application for an undertaking or compliance order to be made an arbitration award.	Give effect to section 68(3) and 73(1) of the BCEA relating to the enforcement of written undertaking and/or compliance orders.

<p>FURTHER 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 or email confirmation slip; or ▪ Any other satisfactory proof of service. <p>Attach supporting documents</p> <p>The CCMA may be requested to assist with service.</p> <p>UNFAIR LABOUR PRACTICE</p> <p>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.</p> <p>NATIONAL MINIMUM WAGE DISPUTES</p> <p>Disputes emanating from the NMWA and referred either in terms of S4(8) of the NMWA or S73A of the BCEA may be referred by any person who works for another and who receives or is entitled to receive any payment for that work.</p> <p>MUTUAL INTEREST DISPUTES</p> <ul style="list-style-type: none"> • Attach the collective agreement on picketing or • If no collective agreement on picketing, complete Annexure A to this form. • If referring a request for establishment of picketing rules, complete Annexure A to this form. • If referring a dispute relating to breach or interpretation of picketing rules, attach a copy of the picketing rules. <p>DISPUTES RELATING TO COMPLIANCE ORDERS</p> <p>If referring a dispute relating to a compliance order, the order must be attached to this form. If the dispute is referred after the date on which compliance was due you are required to apply for condonation.</p>	<p>(b) Name of the referring party if the referring party is an employer, Department of Labour, employer's organisation or trade union, or if the employer's organisation or the trade union is assisting a member to the dispute</p> <p>Name:.....</p> <p>Surname (if applicable):.....</p> <p>Designation:.....</p> <p>Postal Address:.....</p> <p>..... Code:.....</p> <p>Tel:..... Cell:.....</p> <p>Fax:..... Email:.....</p> <p>Contact person:.....</p> <p>2. DETAILS OF THE OTHER PARTY (PARTY WITH WHOM YOU ARE IN DISPUTE)</p> <p>The other party is:</p> <p><input type="checkbox"/> An employer <input type="checkbox"/> An employer's organisation <input type="checkbox"/> Department of Labour</p> <p><input type="checkbox"/> An employee <input type="checkbox"/> A trade union</p> <p><input type="checkbox"/> Other, Specify.....</p> <p>(E.g. Temporary Employment Service, owner of the premises or person who controls access to the premises where employees work if it's an organisational rights dispute etc.)</p> <p>Full Name(s):.....</p> <p>(If company or close corporation, the name of the company or close corporation)</p> <p>Postal Address:.....</p> <p>..... Code:.....</p> <p>Physical Address:.....</p> <p>..... Code:.....</p> <p>Tel:..... Cell:.....</p> <p>Fax:..... Email:.....</p> <p>Company or close corporation registration number:</p> <p>Number of employees employed by the employer:</p>
	<p>Please turn over →</p>

<p>This section must be completed!</p> <p style="text-align: center;">➔</p> <p>(If referring a dispute relating to amounts owing in terms of section 73A of the BCEA, please provide details relating thereto)</p> <p>If necessary write the details on a separate page and attach to this form.</p> <p>If it is an unfair labour practice, state whether it relates to probation.</p>	<p>3. NATURE OF THE DISPUTE</p> <p>What is the dispute about (tick only one box)?</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Dismissal</td> <td><input type="checkbox"/> Mutual Interest</td> </tr> <tr> <td><input type="checkbox"/> Severance Pay</td> <td><input type="checkbox"/> Organisation Rights</td> </tr> <tr> <td><input type="checkbox"/> Unfair Labour Practice</td> <td><input type="checkbox"/> Disclosure of Information</td> </tr> <tr> <td><input type="checkbox"/> Freedom of Association</td> <td><input type="checkbox"/> S80 BCEA</td> </tr> <tr> <td><input type="checkbox"/> Unfair Discrimination – S10 EEA</td> <td><input type="checkbox"/> S19 SDA</td> </tr> <tr> <td><input type="checkbox"/> Interpretation / Application of Collective Agreement</td> <td><input type="checkbox"/> S198 LRA</td> </tr> <tr> <td><input type="checkbox"/> Disputes relating to breach of collective agreement, picketing agreement or picketing rules - S69(8)</td> <td><input type="checkbox"/> S198B (Fixed Term Contract)</td> </tr> <tr> <td><input type="checkbox"/> Unilateral Changes to Terms and Conditions of Employment – S64 LRA</td> <td><input type="checkbox"/> S84 BCEA</td> </tr> <tr> <td><input type="checkbox"/> Refusal to Bargain</td> <td><input type="checkbox"/> Breach of picketing rules</td> </tr> <tr> <td><input type="checkbox"/> S198A LRA (Temporary Employment)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> S198C (Part-time Employment)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Application for determination of Picketing Rules – S69(6B)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> S198A(4) LRA (Dismissal)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> S198A(5) LRA (Unfavorable treatment)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Unilateral Changes to Terms and Conditions of Employment S4(8) NMWA</td> <td></td> </tr> <tr> <td><input type="checkbox"/> S73A of the BCEA (Claims for monies owing in terms of the NMWA)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> S73A (Other claims for failure to pay amounts owing)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> S69(5) BCEA (Dispute relating to Compliance orders)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>If it is an unfair dismissal dispute, tick the relevant box</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Misconduct</td> <td><input type="checkbox"/> Incapacity</td> </tr> <tr> <td><input type="checkbox"/> Unknown Reasons</td> <td><input type="checkbox"/> Constructive Dismissal</td> </tr> <tr> <td><input type="checkbox"/> Poor Work Performance</td> <td><input type="checkbox"/> Dismissal relating to Probation</td> </tr> <tr> <td><input type="checkbox"/> Operational Requirements (Retrenchments)</td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Where I was the only employee dismissed</td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Where the employer employs less than ten (10) employees</td> <td></td> </tr> </table> <p>Other</p> <p>4. SUMMARISE THE FACTS OF THE DISPUTE (Use additional paper if necessary)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: right;">Please turn over ➔</p>	<input type="checkbox"/> Dismissal	<input type="checkbox"/> Mutual Interest	<input type="checkbox"/> Severance Pay	<input type="checkbox"/> Organisation Rights	<input type="checkbox"/> Unfair Labour Practice	<input type="checkbox"/> Disclosure of Information	<input type="checkbox"/> Freedom of Association	<input type="checkbox"/> S80 BCEA	<input type="checkbox"/> Unfair Discrimination – S10 EEA	<input type="checkbox"/> S19 SDA	<input type="checkbox"/> Interpretation / Application of Collective Agreement	<input type="checkbox"/> S198 LRA	<input type="checkbox"/> Disputes relating to breach of collective agreement, picketing agreement or picketing rules - S69(8)	<input type="checkbox"/> S198B (Fixed Term Contract)	<input type="checkbox"/> Unilateral Changes to Terms and Conditions of Employment – S64 LRA	<input type="checkbox"/> S84 BCEA	<input type="checkbox"/> Refusal to Bargain	<input type="checkbox"/> Breach of picketing rules	<input type="checkbox"/> S198A LRA (Temporary Employment)		<input type="checkbox"/> S198C (Part-time Employment)		<input type="checkbox"/> Application for determination of Picketing Rules – S69(6B)		<input type="checkbox"/> S198A(4) LRA (Dismissal)		<input type="checkbox"/> S198A(5) LRA (Unfavorable treatment)		<input type="checkbox"/> Unilateral Changes to Terms and Conditions of Employment S4(8) NMWA		<input type="checkbox"/> S73A of the BCEA (Claims for monies owing in terms of the NMWA)		<input type="checkbox"/> S73A (Other claims for failure to pay amounts owing)		<input type="checkbox"/> S69(5) BCEA (Dispute relating to Compliance orders)		<input type="checkbox"/> Other		<input type="checkbox"/> Misconduct	<input type="checkbox"/> Incapacity	<input type="checkbox"/> Unknown Reasons	<input type="checkbox"/> Constructive Dismissal	<input type="checkbox"/> Poor Work Performance	<input type="checkbox"/> Dismissal relating to Probation	<input type="checkbox"/> Operational Requirements (Retrenchments)		<input type="checkbox"/> Where I was the only employee dismissed		<input type="checkbox"/> Where the employer employs less than ten (10) employees	
<input type="checkbox"/> Dismissal	<input type="checkbox"/> Mutual Interest																																																		
<input type="checkbox"/> Severance Pay	<input type="checkbox"/> Organisation Rights																																																		
<input type="checkbox"/> Unfair Labour Practice	<input type="checkbox"/> Disclosure of Information																																																		
<input type="checkbox"/> Freedom of Association	<input type="checkbox"/> S80 BCEA																																																		
<input type="checkbox"/> Unfair Discrimination – S10 EEA	<input type="checkbox"/> S19 SDA																																																		
<input type="checkbox"/> Interpretation / Application of Collective Agreement	<input type="checkbox"/> S198 LRA																																																		
<input type="checkbox"/> Disputes relating to breach of collective agreement, picketing agreement or picketing rules - S69(8)	<input type="checkbox"/> S198B (Fixed Term Contract)																																																		
<input type="checkbox"/> Unilateral Changes to Terms and Conditions of Employment – S64 LRA	<input type="checkbox"/> S84 BCEA																																																		
<input type="checkbox"/> Refusal to Bargain	<input type="checkbox"/> Breach of picketing rules																																																		
<input type="checkbox"/> S198A LRA (Temporary Employment)																																																			
<input type="checkbox"/> S198C (Part-time Employment)																																																			
<input type="checkbox"/> Application for determination of Picketing Rules – S69(6B)																																																			
<input type="checkbox"/> S198A(4) LRA (Dismissal)																																																			
<input type="checkbox"/> S198A(5) LRA (Unfavorable treatment)																																																			
<input type="checkbox"/> Unilateral Changes to Terms and Conditions of Employment S4(8) NMWA																																																			
<input type="checkbox"/> S73A of the BCEA (Claims for monies owing in terms of the NMWA)																																																			
<input type="checkbox"/> S73A (Other claims for failure to pay amounts owing)																																																			
<input type="checkbox"/> S69(5) BCEA (Dispute relating to Compliance orders)																																																			
<input type="checkbox"/> Other																																																			
<input type="checkbox"/> Misconduct	<input type="checkbox"/> Incapacity																																																		
<input type="checkbox"/> Unknown Reasons	<input type="checkbox"/> Constructive Dismissal																																																		
<input type="checkbox"/> Poor Work Performance	<input type="checkbox"/> Dismissal relating to Probation																																																		
<input type="checkbox"/> Operational Requirements (Retrenchments)																																																			
<input type="checkbox"/> Where I was the only employee dismissed																																																			
<input type="checkbox"/> Where the employer employs less than ten (10) employees																																																			

<p>This section must be completed!</p> <p style="text-align: center;"></p> <p>If necessary write the details on a separate page and attach to this form.</p>	<p>5. DATE AND PLACE WHERE DISPUTE AROSE:</p> <p>The dispute arose on: (give the date, day, month and year)</p> <p>The dispute arose where: (give the city/town in which the dispute arose)</p> <p>6. DATE OF DISMISSAL (if applicable) _____</p> <p>7. FAIRNESS/UNFAIRNESS OF DISMISSAL (if applicable)</p> <p>(a) Procedural Issues</p> <p>Was the dismissal procedurally unfair? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, why?</p> <p>.....</p> <p>.....</p> <p>(b) Substantive Issues</p> <p>Was the reason for the dismissal unfair? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, why</p> <p>.....</p> <p>.....</p> <p>8. RESULT REQUIRED</p> <p>.....</p> <p>9. SECTOR</p> <p>Indicate the sector or service in which the dispute arose.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Retail</td> <td><input type="checkbox"/> Safety/Security (Private)</td> </tr> <tr> <td><input type="checkbox"/> Mining</td> <td><input type="checkbox"/> Domestic</td> </tr> <tr> <td><input type="checkbox"/> Building & Construction</td> <td><input type="checkbox"/> Food & Beverage</td> </tr> <tr> <td><input type="checkbox"/> Business/Professional Services</td> <td><input type="checkbox"/> Transport (Private)</td> </tr> <tr> <td><input type="checkbox"/> Agriculture/Farming</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table>	<input type="checkbox"/> Retail	<input type="checkbox"/> Safety/Security (Private)	<input type="checkbox"/> Mining	<input type="checkbox"/> Domestic	<input type="checkbox"/> Building & Construction	<input type="checkbox"/> Food & Beverage	<input type="checkbox"/> Business/Professional Services	<input type="checkbox"/> Transport (Private)	<input type="checkbox"/> Agriculture/Farming		<input type="checkbox"/> Other	
<input type="checkbox"/> Retail	<input type="checkbox"/> Safety/Security (Private)												
<input type="checkbox"/> Mining	<input type="checkbox"/> Domestic												
<input type="checkbox"/> Building & Construction	<input type="checkbox"/> Food & Beverage												
<input type="checkbox"/> Business/Professional Services	<input type="checkbox"/> Transport (Private)												
<input type="checkbox"/> Agriculture/Farming													
<input type="checkbox"/> Other													
	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'.



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

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

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

10. INTERPRETER SERVICES

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

- Afrikaans IsiNdebele IsiZulu
- IsiXhosa 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	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

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

.....

.....

.....

.....

.....

(If written confirmation is available, please attach)

12. CONFIRMATION OF ABOVE DETAILS

Form submitted by:

.....
(please print name)

Signature:

Position:

Date:

Place.....

<p>ANNEXURE 'A' TO LRA FORM 7.11 S64 LRA</p>	<p>INFORMATION RELEVANT FOR THE DETERMINATION OF PICKETING RULES</p>	
<p>WHAT IS THE PURPOSE OF THIS ANNEXURE? This annexure will place the Commissioner in possession of relevant information so as to enable him to meaningfully assist the parties in the establishment of picketing rules in line with S64.</p> <p>WHEN MUST THIS ANNEXURE BE COMPLETED?</p> <ul style="list-style-type: none"> • When referring a Matter of Mutual Interest, which might give rise to a strike and there is no collective agreement regulating picketing; or • When referring a request for the establishment of picketing rules. <p>The information sought in this annexure required.</p> <p style="text-align: center;">➔</p> <p>If necessary write the details on a separate page and attach to this form.</p> <p>NOTE: There will be no protected picket without picketing rules and rules.</p>	<p>1. DETAILS RELATING TO THE POSSIBLE PICKET:</p> <p>(a) Nature of the workplace</p> <p>.....</p> <p><i>[e.g. a shop, a factory, a mine etc.]</i></p> <p>(b) Describe the particular situation of the workplace</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><i>[e.g. distance from place to which public has access, living accommodation situated on employer premises, etc.]</i></p> <p>(c) the number of employees taking part in the picket inside the premises</p> <p>.....</p> <p>(d) Is there a potential for violence and other unlawful acts: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify:</p> <p>.....</p> <p>.....</p> <p>(e) Physical address of the premises where the picket will be conducted:</p> <p>.....</p> <p>.....</p>	

Annexure 'A' to LRA Form 7.11
S64 LRA
Information Relevant for the Determination of Picketing Rules
Page 2 of 2

	<p>(f) Areas identified for the picket:</p> <p>(g) Time when the picket will start</p> <p>(h) Duration of the picket</p> <p>(i) the proposed movement of persons participating in the picket</p> <p>(j) Measures proposed by the trade union to exercise control over the picket</p> <p>(k) Any other relevant information:</p> <p>..... Signature</p> <p>..... Date</p>
--	--

<p style="text-align: center;">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 style="text-align: center;">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 fourteen (14) days prior to the date of the arbitration hearing.</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 Commissioner has been appointed to resolve a dispute in terms of the Labour Relations Act 66 of 1995. Commissioner _____ has been appointed <p style="text-align: center;">(Name of Commissioner)</p> The matter between – _____ CCMA Case number: _____ <p style="text-align: center;">(Names of Parties)</p> <p style="text-align: center;">(Issue of Disputes)</p> You are required in terms of Section 142 of the Labour Relations Act 66 of 1995 to appear before the Commissioner at _____ <p style="text-align: center;">(Address where hearing is being held)</p> on _____ at _____ <p style="text-align: center;">(Date of Hearing) (Time of Hearing)</p> You are subpoenaed- <input type="checkbox"/> for questioning <input type="checkbox"/> to produce any book, document, visual footage or object <input type="checkbox"/> to give expert evidence in terms of Section 142(1)(c) <p style="text-align: center;">(Tick appropriate block)</p> You must bring and produce the books, documents, visual footages or objects listed below: _____ <p style="text-align: center;">(List books, documents and objects)</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 style="text-align: center;">(Signed by CSC/SC) (Date and CCMA Stamp)</p> _____ <p style="text-align: center;">(Print name) (Place)</p> </p>	

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

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 Remains unresolved as at _____
 (give date) (give date)

Condonation:

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

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

Referto Arbitration	Referto interest/ Advisory Arbitration	Strike/ Lockout	Referto Labour Court
------------------------	--	--------------------	----------------------------



Name of Commissioner

Signature of Commissioner

Place

Date

<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 DETAILS</p> <p>Name of Council:</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 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>

<p style="text-align: center;">OTHER INSTRUCTIONS</p> <p>A copy of the certificate of registration, a motivation for accreditation and the Council's code of conduct must be attached to this form.</p> <p style="text-align: center;">CHECK!</p> <p>Have you attached to this form:</p> <ul style="list-style-type: none"> ▪ a copy of the Council's certificate of registration ▪ a copy of the Council's main collective agreement ▪ a copy or copies of the collective agreement(s) dealing with council administration, expenses and dispute resolution processes. ▪ details of the parties to the Council ▪ a motivation for accreditation ▪ a copy of the Constitution of Council ▪ the Council's Code of Conduct ▪ a copy of the list of Council's panellists <p style="text-align: center;">NOTE!</p> <p>Please see Policy on CCMA website www.ccma.org.za</p>	<p>3. DETAILS OF ACCREDITED AGENCY APPOINTED BY COUNCIL (if any)</p> <p>Name of Accredited Agency:</p> <p>.....</p> <p>Physical Address:</p> <p>.....</p> <p>Tel:.....Fax:</p> <p>Cell:.....E-Mail:</p> <p>Contact Person:</p> <p>The scope of the appointment including categories of dispute:</p> <p>.....</p> <p>.....</p> <p>The council may appoint another accredited agency its section 51(6) of the LRA to perform some of its function. If this council wants to appoint another accredited agency its details must be included. The scope of the appointment in terms of area, type of function and categories of dispute must also be included.</p> <p>4. THERE ARE 7 ACCREDITATION CRITERIA TO BE MET</p> <p>4.1 THE EXTENT TO WHICH THE SERVICES PROVIDED BY THE APPLICANT WILL MEET THE COMMISSION'S STANDARDS</p> <p>4.2 THE ABILITY OF THE APPLICANT TO CONDUCT ITS ACTIVITIES EFFECTIVELY</p> <p>4.3 THE INDEPENDENCE OF THE PERSONS APPOINTED BY THE APPLICANT TO PERFORM THE FUNCTIONS</p> <p>4.4 DETAILS REGARDING THE COMPETENCE OF THE PERSONS APPOINTED BY THE APPLICANT TO PERFORM THE FUNCTIONS</p> <p>4.5 DETAILS REGARDING THE APPLICANT'S CODE OF CONDUCT TO GOVERN THE PERSONS APPOINTED TO PERFORM THE FUNCTIONS</p>
	<p>Please turn over →</p>

	<p>4.6 DETAILS REGARDING THE DISCIPLINARY PROCEDURES USED BY THE APPLICANT TO ENSURE SUBSCRIPTION AND ADHERENCE TO THE CODE OF CONDUCT</p> <p>4.7 PROOF THAT THE APPLICANT PROMOTES A SERVICE THAT IS BROADLY REPRESENTATIVE OF SOUTH AFRICAN SOCIETY</p> <p>5. PARTIES TO THE COUNCIL</p> <p>A list of the employers, employer organisations, registered trade unions or trade union federations that are parties to the Council must be attached to this form.</p> <p>6. MOTIVATION</p> <p>(a) Prepare a motivation for the Governing Body of the CCMA, which deals with the issues raised in section 127(4) of the LRA with reference to the 7 accreditation criteria.</p> <p>(b) Provide information on –</p> <ul style="list-style-type: none"> ▪ <u>information relating to the conciliators and arbitrators</u> (furnish the names of the individuals the applicant proposes using as dispute resolvers, along with particulars of each individual’s qualifications, training and experience; supply details, if applicable, of the steps the applicant is taking to promote a service comprising practitioners broadly representative of South African society); ▪ <u>training</u> (supply details of initial and ongoing training, or training opportunities, available to conciliators and arbitrator); and ▪ <u>those sections of Part C of Chapter 7 of the LRA which the applicant believes should not be made applicable to it - see section 127(6). Please motivate.</u> <p>7. CONFIRMATION OF ABOVE DETAILS:</p> <p>Form submitted by:</p> <p>..... (please print name)</p> <p>Signature:</p> <p>Position:.....</p> <p>Date:</p> <p>Place.....</p>
--	--

<p>LRA Form 7.20 Section 189A Labour Relations Act, 1995</p>	<p>REQUEST FOR SECTION 189A OPERATIONAL REQUIREMENTS FACILITATION</p>	 <p>CCMA</p>
<p>READ THIS FIRST</p> <p style="text-align: center;">↓</p> <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form 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/ies 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, or there is another company / entity that has an interest in the matter and attach details.)</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>Case Number.....</p>	<p>Please turn over →</p>	

<p style="text-align: center;">OTHER PARTIES</p> <p>If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate piece of paper and attach details to this form.</p> <p style="text-align: center;">OTHER INSTRUCTIONS</p> <p>A copy of this form must be served on the other party.</p> <p>Proof that a copy of this form has been served on the other party must be supplied by attaching and of the following:</p> <ul style="list-style-type: none"> ▪ A copy of a registered slip from the Post Office; or ▪ A copy of a signed receipt if hand delivered; or ▪ A signed statement confirming service by the person delivering the form; or ▪ A copy of a fax confirmation slip; or ▪ A copy of an email confirmation slip or sent email; or ▪ Any other satisfactory proof of service. <p>The CCMA may be requested to assist with service.</p> <p style="text-align: center;">CHECK!</p> <p>Have you attached proof that this form has been served on the other party?</p>	<p>4. HOW MANY EMPLOYEES DOES THE EMPLOYER EMPLOY?</p> <p>5. HOW MANY EMPLOYEES ARE LIKELY TO BE RETRENCHED?</p> <p>6. HOW MANY EMPLOYEES ARE AFFECTED? (Total employees who need to be consulted?).....</p> <p>7. RETRENCHMENTS ARE CONTEMPLATED IN THE FOLLOWING REGIONS OR WORKPLACE LOCATIONS: (Please indicate expected numbers.)</p> <p>8. HOW MANY EMPLOYEES HAS THE EMPLOYER DISMISSED FOR OPERATIONAL REQUIREMENTS IN THE PAST 12 MONTHS AND IN WHICH REGIONS OR WORKPLACE LOCATIONS? (Please indicate numbers.)</p> <p>9. ATTACH THE SECTION 189(3) NOTICE ISSUED BY THE EMPLOYER TO THIS FORM. (The matter cannot be processed without a complete s189(3) notice.)</p>
	Please turn over

<p style="text-align: center;">OTHER PARTIES</p> <p>If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate piece of paper and attach details to this form.</p> <p style="text-align: center;">OTHER INSTRUCTIONS</p> <p>A copy of this form must be served on the other party.</p> <p>Proof that a copy of this form has been served on the other party must be supplied by attaching and of the following:</p> <ul style="list-style-type: none"> ▪ A copy of a registered slip from the Post Office; or ▪ A copy of a signed receipt if hand delivered; or ▪ A signed statement confirming service by the person delivering the form; or ▪ A copy of a fax confirmation slip; or ▪ A copy of an email confirmation slip or sent email; or ▪ Any other satisfactory proof of service. <p>The CCMA may be requested to assist with service.</p> <p style="text-align: center;">CHECK!</p> <p>Have you attached proof that this form has been served on the other party?</p>	<p>10. WHAT ARE THE REASONS FOR THE CONTEMPLATED DISMISSALS FOR OPERATIONAL REQUIREMENTS? Briefly provide the business rationale – economic, structural or technological reasons</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>11. WHAT ALTERNATIVES TO RETRENCHMENT HAVE BEEN CONSIDERED?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>12. SECTOR</p> <p>Indicate the sector or service in which the dispute arose.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Retail</td> <td><input type="checkbox"/> Safety / Security (Private)</td> </tr> <tr> <td><input type="checkbox"/> Mining</td> <td><input type="checkbox"/> Domestic</td> </tr> <tr> <td><input type="checkbox"/> Building & Construction</td> <td><input type="checkbox"/> Food & Beverage</td> </tr> <tr> <td><input type="checkbox"/> Business / Professional Services</td> <td><input type="checkbox"/> Transport (Private)</td> </tr> <tr> <td><input type="checkbox"/> Agriculture / Farming</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table>	<input type="checkbox"/> Retail	<input type="checkbox"/> Safety / Security (Private)	<input type="checkbox"/> Mining	<input type="checkbox"/> Domestic	<input type="checkbox"/> Building & Construction	<input type="checkbox"/> Food & Beverage	<input type="checkbox"/> Business / Professional Services	<input type="checkbox"/> Transport (Private)	<input type="checkbox"/> Agriculture / Farming		<input type="checkbox"/> Other	
<input type="checkbox"/> Retail	<input type="checkbox"/> Safety / Security (Private)												
<input type="checkbox"/> Mining	<input type="checkbox"/> Domestic												
<input type="checkbox"/> Building & Construction	<input type="checkbox"/> Food & Beverage												
<input type="checkbox"/> Business / Professional Services	<input type="checkbox"/> Transport (Private)												
<input type="checkbox"/> Agriculture / Farming													
<input type="checkbox"/> Other													
	Please turn over →												

<p style="text-align: center;">OTHER PARTIES</p> <p>If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate piece of paper and attach details to this form.</p> <p style="text-align: center;">OTHER INSTRUCTIONS</p> <p>A copy of this form must be served on the other party.</p> <p>Proof that a copy of this form has been served on the other party must be supplied by attaching and of the following:</p> <ul style="list-style-type: none"> ▪ A copy of a registered slip from the Post Office; or ▪ A copy of a signed receipt if hand delivered; or ▪ A signed statement confirming service by the person delivering the form; or ▪ A copy of a fax confirmation slip; or ▪ A copy of an email confirmation slip or sent email; or ▪ Any other satisfactory proof of service. <p>The CCMA may be requested to assist with service.</p> <p style="text-align: center;">CHECK!</p> <p>Have you attached proof that this form has been served on the other party?</p>	<p>13. INTERPRETER SERVICES</p> <p>Is an interpreter required? Yes / No</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Afrikaans</td> <td><input type="checkbox"/> IsiNdebele</td> <td><input type="checkbox"/> IsiZulu</td> </tr> <tr> <td><input type="checkbox"/> IsiXosa</td> <td><input type="checkbox"/> Sepedi</td> <td><input type="checkbox"/> Sesotho</td> </tr> <tr> <td><input type="checkbox"/> Setswana</td> <td><input type="checkbox"/> IsiSiswati</td> <td><input type="checkbox"/> Xitsonga</td> </tr> <tr> <td><input type="checkbox"/> Sign Language</td> <td><input type="checkbox"/> Tshivenda</td> <td><input type="checkbox"/> Other.....</td> </tr> </table> <p>14. SPECIAL FEATURES / ADDITIONAL INFORMATION</p> <p>Briefly outline any special features / additional information the CCMA needs to note: (e.g. retrenchments in the past 24 months, the involvement of other relevant stakeholders such as DMR, DTI etc. and the extent of their involvement)</p> <p>.....</p> <p>.....</p> <p>15. PLACE OF FACILITATION</p> <p>Please select where you would prefer the facilitation to take place:</p> <p>a. CCMA Office <input type="checkbox"/></p> <p>b. Employer Premises <input type="checkbox"/></p> <p>c. Other <input type="checkbox"/></p> <p>specify.....</p> <p>If you select employer premises, please provide physical address of employer's premises.</p> <p>.....</p> <p>16. CONFIRMATION OF ABOVE DETAILS</p> <p>Form submitted by: (please print name)</p> <p>Signature:</p> <p>Position:</p> <p>Date:</p> <p>Place.....</p>	<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.....
<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.....											

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

<p style="text-align: center;">CHECK</p> <p>Have you attached a copy of the agreement?</p>	<p>2. IS THIS REQUEST URGENT?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, explain why it is urgent..... </p> <p>3. SIGNATORIES (Use additional paper if necessary)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Employer Parties</p> <p>Name.....</p> <p>Signature:.....</p> <p>Position:.....</p> <p>Date:.....</p> <p>Tel:.....</p> <p>Fax:.....</p> <p>E-mail</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Trade Union Party</p> <p>Name.....</p> <p>Signature:.....</p> <p>Position:.....</p> <p>Date:.....</p> <p>Tel:.....</p> <p>Fax:.....</p> <p>E-mail</p> </td> </tr> </table> <p>Trade Union Party</p> <p>Name.....</p> <p>Signature:.....</p> <p>Position:.....</p> <p>Date:.....</p> <p>Tel:.....</p> <p>Fax:.....</p> <p>E-mail</p>	<p>Employer Parties</p> <p>Name.....</p> <p>Signature:.....</p> <p>Position:.....</p> <p>Date:.....</p> <p>Tel:.....</p> <p>Fax:.....</p> <p>E-mail</p>	<p>Trade Union Party</p> <p>Name.....</p> <p>Signature:.....</p> <p>Position:.....</p> <p>Date:.....</p> <p>Tel:.....</p> <p>Fax:.....</p> <p>E-mail</p>
<p>Employer Parties</p> <p>Name.....</p> <p>Signature:.....</p> <p>Position:.....</p> <p>Date:.....</p> <p>Tel:.....</p> <p>Fax:.....</p> <p>E-mail</p>	<p>Trade Union Party</p> <p>Name.....</p> <p>Signature:.....</p> <p>Position:.....</p> <p>Date:.....</p> <p>Tel:.....</p> <p>Fax:.....</p> <p>E-mail</p>		

<p style="text-align: center;">LRA Form 4.6 Labour Relations Act, 1995</p>	<h2 style="margin: 0;">SUBPOENA BY ESSENTIAL SERVICE COMMITTEE</h2>	 CCMA
<p>The following MUST be attached to a request for a subpoena:</p> <p>(a) motivation for the application and</p> <p>(b) proof that witness fees, travelling costs and subsistence expenses have been paid.</p> <p style="text-align: center;">NOTE!</p> <p>This Form together with the motivation and proof of payment of the witness fees, travelling costs and subsistence expenses must be submitted to the ESC at least fourteen (14) days prior to the date of the hearing.</p>	<p style="text-align: center;">SUBPOENA IN TERMS OF THE ESSENTIAL SERVICES COMMITTEE REGULATIONS</p> <p>To: _____ <div style="text-align: center;">(Name of Subpoenaed Person)</div> <hr/> <div style="text-align: center;">(Organisation of Subpoenaed Person)</div> <hr/> <div style="text-align: center;">(Address of Subpoenaed Person)</div> </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> <hr/> <div style="text-align: center;">(Names of Parties)</div> <hr/> <div style="text-align: center;">(Issue of Disputes)</div> <p>You are required in terms of the Regulations to appear before the Panel at _____</p> <hr/> <div style="text-align: center;">(Address where hearing is being held)</div> <p>on _____ at _____</p> <div style="display: flex; justify-content: space-around; width: 100%;"> (Date of Hearing) (Time of Hearing) </div> <p>You are subpoenaed-</p> <p><input type="checkbox"/> for questioning</p> <p><input type="checkbox"/> to produce any book, document, visual footage or object</p> <p><input type="checkbox"/> to give expert evidence in terms of Section 142(1)(c)</p> <p style="text-align: center;">(Tick appropriate block)</p> <p>You must bring and produce the books, documents, visual footages or objects listed below:</p> <hr/> <div style="text-align: center;">(List books, documents and objects)</div>	
<p><input type="checkbox"/> The party requesting the subpoena has been directed to furnish you with the first day witness fees together with the reasonable travelling costs and subsistence expenses to attend the hearing.</p>		
<p>_____ (Signed by ESC Chairperson/Deputy Chairperson)</p>		<p>_____ (Date and CCMA Stamp)</p>
<p>_____ (Print name)</p>		<p>_____ (Place)</p>

<p style="text-align: center;">LRA Form 4.7A Section 70B(1)(d) and 71 Labour Relations Act, 1995</p>	<p>INTERESTED PARTY'S REQUEST FOR ESSENTIAL SERVICES INVESTIGATION (including a Sec71(9) variation)</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>This form is a request by an interested party to the Essential Services Committee to conduct an investigation as to whether a whole or part of any service is an essential service.</p> <p>An essential service means a service, which, if interrupted, would endanger the life or health of people.</p> <p style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p style="text-align: center;">Any interested party.</p> <p style="text-align: center;">OTHER PARTIES</p> <p>If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate page and attach to this form.</p>	<p>1. APPLICANT DETAILS</p> <p>Name:</p> <p>Postal Address:</p> <p>.....</p> <p>Tel:Fax:</p> <p>Cell:E-Mail:</p> <p>Contact Person:</p> <p>2. DETAILS OF THE OTHER PARTY (including trade unions organising in the sector or workplace and/or parties that may have an interest in the matter)</p> <p>Name:</p> <p>Postal Address:</p> <p>.....</p> <p>Tel:Fax:</p> <p>Cell:E-Mail:</p> <p>Contact Person:</p> <p>3. DETAILS OF THE SERVICE/S TO BE INVESTIGATED (indicate the nature of the service; the effects of the interruption to the service and how the interruption endangers life, health and /or personal safety of the whole or part of the population) [use additional paper if necessary]</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p>Case Number.....</p>	<p>Please turn over →</p>	

<p>LRA Form 4.9 Section 75(8) Labour Relations Act, 1995</p>	<p>APPLICATION TO VARY / CANCEL A MAINTENANCE SERVICES DESIGNATION</p>	 <p>CCMA</p>
<p style="text-align: center;">Read This First</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form shall be utilised by an employer when making an application to the Essential Services Committee for a variation or cancellation of the maintenance service designation.</p> <p style="text-align: center;">WHO FILLS IN THIS FORM?</p> <p>An employer seeking to vary or cancel the maintenance service designation.</p> <p style="text-align: center;">WHERE DOES THIS FORM GO?</p> <p>28 Harrison Street Johannesburg 2001</p> <p>Private Bag X94 Marshalltown, 2107 E-mail: esc@CCMA.org.za</p> <p style="text-align: center;">OTHER PARTIES</p> <p>If more than one party is making the application or if there is more than one "other party", please write down the additional names and particulars on a separate page and attach to this form.</p>	<p>1. REFERRING PARTY'S DETAILS</p> <p>Name:.....</p> <p>Postal Address:.....</p> <p>.....</p> <p>Tel:..... Fax:</p> <p>Cell:..... E-mail:</p> <p>Contact person:.....</p> <p>2. OTHER PARTY'S DETAILS (including trade unions organising in the sector/ workplace)</p> <p>Name</p> <p>Postal Address</p> <p>.....</p> <p>Tel:..... Fax:</p> <p>Cell:..... E-mail:</p> <p>Contact person</p> <p>Registration Number(s):.....</p> <p>3. DESCRIPTION OF MAINTENANCE SERVICES</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
	<p>Case Number.....</p>	<p>Please turn over →</p>

<p style="text-align: center;">OTHER INSTRUCTIONS</p> <ul style="list-style-type: none"> ▪ A copy of this form and supporting documents must be served on the other party. ▪ Any other interested parties may, within 21 days of receipt of this application, send a response to the Essential Services Committee and the other party. <div style="text-align: center; margin: 20px 0;">  </div> <p style="text-align: center;">Use additional paper if necessary</p> <p>DOCUMENTS TO BE ATTACHED</p> <ul style="list-style-type: none"> ▪ A copy of the maintenance service designation sought to be varied or cancelled must be attached. ▪ Proof that a copy of this form has been served on the other party. <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 a copy of the maintenance service agreement?</p>	<p>4. NATURE OF APPLICATION (tick boxes)</p> <p> <input type="checkbox"/> Variation <input type="checkbox"/> Cancellation </p> <p>If variation, nature of variation sought (Use additional paper if necessary)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>5. SUBMISSIONS IN SUPPORT OF THE APPLICATION (i.e. reasons for the variation or cancellation)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>6. NUMBER OF EMPLOYEES -</p> <p>Engaged in the maintenance service.....</p> <p><u>Not</u> engaged in the maintenance service</p> <p>7. CONFIRMATION OF ABOVE DETAILS:</p> <p>Form submitted by:</p> <p>.....</p> <p style="text-align: center;">(please print name)</p> <p>Signature:</p> <p>Position:</p> <p>Date:</p> <p>Place:</p>
--	---

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

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

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

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

If variation of the award is sought:

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

If yes, please identify these obvious errors or omissions.

.....

.....

.....

.....

If no, please indicate the nature of variations sought

.....

.....

.....

.....

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

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

Do both parties agree to the extension? Yes No

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

Reasons for the extension:

.....

.....

.....

.....

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

.....
Signature

.....
Date

.....
Signature

.....
Date

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

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

<p>LRA Form 7.12A Labour Relations Act, 1995 Section 69 Conciliation Outcome Report Form</p>	<p>*Attachment to Certificate of Outcome</p> <p>CONCILIATION OUTCOME REPORT</p>	
<p>READ THIS FIRST</p>  <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form is used by the commissioner, to record the outcome of the conciliation process in a dispute relating to a matter of mutual interest, including agreements reached during such a process.</p> <p>IMPORTANT INFORMATION</p> <p>This form must be attached to the outcome certificate.</p>  <p>Use additional paper if necessary</p>	<p>CCMA Case number:</p> <p>1. DETAILS OF THE PARTIES</p> <p>a) Name of referring party.....</p> <p>b) Name/representative of the other party.....</p> <p>2. SUMMARY OF THE DEMANDS / DISPUTE:</p> <p>.....</p> <p>3. DETAILS OF THE CONCILIATION:</p> <p>a) Name of Conciliating Commissioner:</p> <p>b) Date of Conciliating:</p> <p>c) Dispute resolved <input type="checkbox"/> or unresolved <input type="checkbox"/></p> <p><i>If dispute remained unresolved:</i></p> <p>d) Date of certificate of Outcome:</p> <p>e) Next step to be taken:</p>	

LRA Form 3.5
Bargaining Council requests extension of collective agreement to non-parties
Page 2 of 5

<ul style="list-style-type: none"> ▪ Each party to the collective agreement must fill in either page 3 or 4 of this form. ▪ Before a collective agreement may be extended, the agreement itself must comply with the provisions of section 32. <p style="text-align: center;">CHECK!</p> <p>Have you prepared/filled in:</p> <ul style="list-style-type: none"> ▪ two copies of the collective agreement? ▪ the representativeness tables on pages 4 and 5? ▪ A motivation as to why the Minister should regard the parties as sufficiently representative? ▪ A resolution to extend a collective agreement to non-parties 	<p>and</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">(area/s)</p> <p>The following registered trade unions voted in favour of the extension:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">(names of trade unions)</p> <p>Their members constitute the majority of the members of the trade unions that are party to the Bargaining Council.</p> <p>The following registered employers' organisations voted in favour of the extension:</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">(names of employers' organisations)</p> <p>They employ the majority of the employees employed by the members of their employers' organisations that are party to the Bargaining Council.</p>
---	---

... please turn over →

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

DEPARTMENT OF LABOUR DETAILS

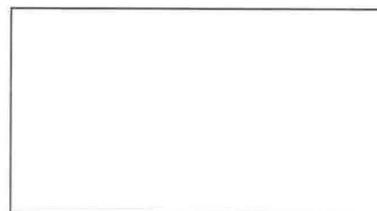
I, _____, duly authorised thereto in terms of Regulation 7(2), have
(name of official)

checked the information and certify that it is substantially correct / not correct.

Signature:

Date:

Place:



(Official stamp)

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

.... please turn over →

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

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

CHECK!

Have you prepared/included:

Two copies of the collective agreement?

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

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

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

(names of employers' organisations)

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

... please turn over →

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

DEPARTMENT OF LABOUR DETAILS

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

have checked the information and certify that it is substantially correct / not correct.

Signature:

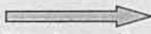
Date:

Place:

<p align="center">BCEA Form 15</p> <p align="center">Section(s) 68(3) and 73(1) Basic Conditions of</p> <p align="center">Employment Act 75 of 1997, as amended.</p>	<p>APPLICATION FOR A WRITTEN UNDERTAKING / COMPLIANCE ORDER TO BE MADE AN ARBITRATION AWARD</p>	
<p align="center">READ THIS FIRST</p> <div style="text-align: center;">  </div> <p align="center">WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form requests the CCMA to make a written undertaking secured with an Employer or a Compliance Order issued by the inspector of the Department of Labour an arbitration award for the purpose of enforcing the written undertaking or compliance order.</p> <p>If an employer from whom a written undertaking has been secured or to whom a compliance order has been issued and served does not comply with the written undertaking or compliance order within the period recorded therein, the Director General (or his/her delegate) may apply to the CCMA to make the written undertaking or compliance order an arbitration award which may then be enforced in terms of section 143 of the LRA.</p> <p align="center">WHEN CAN THIS APPLICATION BE MADE?</p> <p>This application can only be referred after the date on which the employer was required to comply with the written undertaking or compliance order.</p> <p align="center">WHO FILLS IN PART A OF THIS FORM?</p> <p>A party applying to have the written undertaking or compliance order made an arbitration award. The applicant must state whether it is the referring party or the other party in the matter.</p>	<p>CCMA REGIONAL OFFICE WHEREIN THE REFERRAL IS MADE:</p> <p>In the matter between:</p> <p>REFERRING PARTY</p> <p>obo</p> <p>EMPLOYEE(S)</p> <p>.....</p> <p>and</p> <p>EMPLOYER</p> <p>.....</p> <p>PART A: APPLICATION FOR ENFORCEMENT FOR A WRITTEN UNDERTAKING OR COMPLIANCE ORDER TO BE MADE AN AWARD IN TERMS OF SECTION 68(3) OR 73(1) OF THE BCEA.</p> <p>I, the undersigned:</p> <p align="center">.....</p> <p align="center">(Full name of referring party)</p> <p>do hereby make oath and say:</p> <ol style="list-style-type: none"> 1. I am a duly delegated employee of the Department of Labour appointed in terms of section 9 of the Public Service Act, 1994 as amended. 2. The authority to refer this matter to the CCMA has been delegated / assigned to me by the Director-General in terms of section 85(5) of the BCEA. 3. On (date), the employer made a written undertaking in terms of section 68 of the BCEA to comply with certain provisions of the BCEA as per the attached undertaking, by no later than <p align="center">OR</p>	
	<p>Case Number</p>	<p>Please turn over</p> <p align="right">→</p>

THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS FORM

- A copy of the Compliance order or written undertaking
- Proof of service of the compliance order to the employer
- Inspection report
- Confirmatory affidavit of the inspector who secured the written undertaking or issued the compliance order.
- Any other relevant documents i.e. witness affidavits, documents obtained during the inspection etc.
- Proof of service of this form on the employer and any other relevant parties.



Use additional paper if necessary.

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



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

OBJECTION TO THE ENFORCEMENT OF A WRITTEN UNDERTAKING OR COMPLIANCE ORDER:

If the employer wishes to object to the written undertaking or compliance order being made an arbitration award the employer must serve and file a notice of objection in terms of Rule 31B (4), within 5 days of receipt of this application.

4. On (date), a labour inspector issued and served a compliance order (Annexure A) on the employer in terms of section 69(1) of the BCEA requiring the employer to comply with certain provisions of the BCEA as per the attached compliance order, by no later than

(complete whichever is applicable and delete whichever is not applicable)

5. To date –
- a) The period within which the employer had to comply with the written undertaking or compliance order has lapsed.
 - b) The employer has failed to fully comply with the written undertaking or compliance order.
 - c) Specifically, the employer has failed to comply with the following provisions of the written undertaking or compliance order:
 -
 -
 -
 - d) The employer has not referred a dispute relating the compliance order in terms of section 69(5) of the BCEA.

6. Whereof, the application is hereby made for the – (tick boxes)
- written undertaking to be made an arbitration award in terms of section 68(3) of the BCEA
 - compliance order to be made an arbitration award in terms of section 73 of the BCEA

Other

.....

.....
DEPONENT (Signature)

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)

.....
COMMISSIONER OF OATHS

.....
DATE

Printed by and obtainable from the Government Printer, Bosman Street, Private Bag X85, Pretoria, 0001
Contact Centre Tel: 012-748 6200. eMail: info.egazette@gpw.gov.za
Publications: Tel: (012) 748 6053, 748 6061, 748 6065