

No. R. 1442

10 October 2003

**LABOUR RELATIONS ACT, 1995 (ACT NO 66 OF 1995)****REGULATIONS**

I, MEMBATHISI MPHUMZI SHEPHERD MDLADLANA, Minister of Labour, hereby, under section 208 of the Labour Relations Act, 1995 (Act No. 66 of 1995), and after consulting NEDLAC, made the regulations in the Schedule with effect from 1 August 2002.

**M M S MDLADLANA****MINISTER OF LABOUR**

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No. R. 1442

10 Oktober 2003

**WET OP ARBEIDSVERHOUDINGE, 1995 (WET NO. 66 VAN 1995)****REGULASIES**

Ek, MEMBATHISI MPHUMZI SHEPHERD MDLADLANA, Minister van Arbeid, vaardig hierby, kragtens artikel 208 van die Wet op Arbeidsverhoudinge, 1995 (Wet No. 66 van 1995), en na oorlegpleging met NEOAR, die regulasies in die bylae hierby uit met ingang van 1 Augustus 2002.

**M M S MDLADLANA****MINISTER VAN ARBEID**

**LABOUR RELATIONS ACT, 1995 (Act No 66 of 1995)****REGULATIONS**

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

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## LABOUR RELATIONS REGULATIONS

### Schedule

#### 1. Definitions

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

**"annexure"** means a document attached to these regulations;

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

**"the CCMA or Commission"** means the Commission for Conciliation, Mediation and Arbitration

**"the Constitution"** means the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996).

#### 2. Service

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

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

### 3. Subpoenas

- (1) A subpoena issued in terms of the Act must be served -
  - (a) by delivering a copy of it to the person subpoenaed personally;
  - (b) by sending a copy of it by registered post to the subpoenaed person's -
    - (i) residential address;
    - (ii) place of business or employment; or
    - (iii) post office box or private bag number; or
  - (c) by leaving a copy of it at the subpoenaed person's residence or place of business or employment with a person who apparently-
    - (i) is at least sixteen years of age; and
    - (ii) is residing or employed there.
- (2) A subpoena issued in terms of section 142(1) of the Act must be in the form of annexure LRA 7.16.
- (3) A subpoena issued by a designated agent in terms of section 33 read with item 5 of schedule 10 of the Act must be in the form of annexure LRA 3.10.
- (4) A subpoena issued by an arbitrator in terms of section 33A (5)/127(6) read with section 142 must be in the form of LRA annexure 3.10A

### 4. Witness fees

- (1) The fee payable to a witness in terms of section 142(7) of the Act is the total of-
  - (a) R200 for each day or part of a day during which the witness is required to be present at any proceedings; and
  - (b) reasonable substantiated travel and subsistence expenses incurred by the witness in order to be present at those proceedings.
- (2) Despite sub-regulation (1), no witness fee may be paid to a person who, at the time of the relevant proceedings, is employed full-time by the state, or is a member of any legislature mentioned in the Constitution.



## 5. Access to documents

Any person may inspect any document that the Act permits at the office of the Registrar of Labour Relations, in Pretoria, at any time between 08h 30 and 12h 00 and between 13h 30 and 15h 30 on Mondays to Fridays.

## 6. Fees for documents

- (1) Whenever an employer provides an employee with a copy of a collective agreement, arbitration award, or sectoral determination in terms of section 204(c)(i) of the Act, the employer may charge a fee of no more than R0,50 for each page of that copy.
- (2) The registrar may charge the fee shown in column 3 of Table LRA 1 for a service listed in column 2 of that Table.
- (3) All fees referred to in sub-regulation (2) must be paid in advance in revenue stamps.

**Table LRA 1 - Table of Document Fees**

1 - Section	2 - Service	3 - Fee
Any Section	Inspecting a document	R1,00
Any Section	Copying a document	R1,00
Any Section	Providing a certified copy of a document	R1,00 for each copy, plus R0,50 for each page in the document
25(6)	Providing a certified extract of an auditor's report	R0,50 for each page in the extract
71(4)	Providing a certified copy or extract from a written representation	

1 – Section	2 - Service	3 -Fee
110(2)	Providing a certified copy of, or extract from, a document mentioned in section 110(1)	R0,50 for each page in the extract
110(4)	Providing a certified copy of, or extract from, a document mentioned in section 110(3)	
127(7)(b)	Providing a certified copy of, or extract from, a document mentioned in section 127(7)(a)	
132(6)(b)	Providing a certified copy of, or extract notice mentioned in section 132(6)(a)	

## 7. Form of Requests and Applications

- (1) Whenever a request or application is contemplated in terms of a section of the Act shown in column 1 of Table LRA 2 for a purpose listed in column 2 of that Table, the request or application must be in the form of the annexure listed opposite that section number in column 3 of that Table, and must be produced subject to any conditions listed opposite that section number in column 4 of that Table.
- (2) The registrar has the power to assign an official to:
  - (a) Verify from the membership lists the figures furnished in respect of representativeness in an industry or sector; and
  - (b) check that applications lodged with the registrar's office meet with requirements.

**Table LRA 2 - Table of Requests and Applications**

1 - Section	2 – Purpose	3 - Annexure	4 - Conditions
25(4)(b) and 26(8)	Conscientious objector requests agency fee to be	LRA 3.1	Agency fee deducted pursuant to the request must be remitted with

1 - Section	2 - Purpose	3 - Annexure	4 - Conditions
	paid to the Department of Labour		annexure LRA 3.2
26(8) applying 25(4)(b)	List of deductions from conscientious objector's wages	LRA 3.2	Agency fee deducted pursuant to the request must be remitted with annexure LRA 3.2
29(1)	Application for registration of a bargaining council	LRA 3.3	<ol style="list-style-type: none"> <li>1. Submit two copies</li> <li>2. Must be submitted to the Registrar of Labour Relations, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001.</li> </ol>
32(1)	Bargaining council requests extension of collective agreement to non-parties	LRA 3.5	<ol style="list-style-type: none"> <li>1. Submit two copies</li> <li>2. Must be accompanied by a current certificate of representativeness in the form of annexure LRA Form 3.21</li> <li>3. Submit to the Minister, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001.</li> </ol>
32(6)(a)	Request to extend the period of, or renew, collective agreement extended to non-parties	LRA 3.6	<ol style="list-style-type: none"> <li>1. Submit two copies</li> <li>2. Must be accompanied by a current certificate of representativeness in the form of annexure LRA 3.21</li> <li>3. Submit to the Minister, c/o the Director General, Department of Labour, Private Bag X117,</li> </ol>

1 - Section	2 - Purpose	3 - Annexure	4 - Conditions
			Pretoria, 0001.
32(7)	Bargaining council requests cancellation of collective agreement extended to non-parties	LRA 3.7	Submit to the Minister, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001.
33(1)	Bargaining council requests appointment of designated agent	LRA 3.8	1. Submit two copies 2. Submit to the Minister, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001.
43(3) applying 33(1)	Statutory council requests appointment of designated agent	LRA 3.8	1. Submit two copies 2. Submit to the Minister, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001
34(2)	Amalgamating bargaining council applies for registration	LRA 3.11	1. Submit two copies 2. Must be accompanied by a current certificate of representativeness in the form of annexure LRA 3.21 3. Submit to the Registrar of Labour Relations, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001.
38(4)	Request for a jurisdictional dispute in the public service to be resolved through arbitration	LRA 3.13	1. Proof of service on the other party 2. Submit to the Dispute Resolution Committee, c/o the

1 - Section	2 - Purpose	3 - Annexure	4 - Conditions
			CCMA
39(2)	Trade union applies for establishment of a statutory council	LRA 3.14	<ol style="list-style-type: none"> <li>1. Submit two copies</li> <li>2. Submit to the Registrar of Labour Relations, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001.</li> </ol>
39(2)	Employers' organisation applies for establishment of a statutory council	LRA 3.15	<ol style="list-style-type: none"> <li>1. Submit two copies</li> <li>2. Submit to the Registrar of Labour Relations, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001.</li> </ol>
48(1)	Statutory council applies to register as a bargaining council	LRA 3.19	<ol style="list-style-type: none"> <li>1. Submit two copies</li> <li>2. Must be submitted to the Registrar of Labour Relations, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001.</li> </ol>
58	Council applies for variation of scope of registration	LRA 3.22	<ol style="list-style-type: none"> <li>1. Submit two copies</li> <li>2. Submit to the Registrar of Labour Relations, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001.</li> </ol>
62(1)	Application about demarcation dispute	LRA 3.23	<ol style="list-style-type: none"> <li>1. Proof of service on other party</li> <li>2. Submit to the Provincial Office of the CCMA</li> </ol>
69(4)	Request to assist parties	LRA 4.1	<ol style="list-style-type: none"> <li>1. Send a copy of request to</li> </ol>

1 - Section	2 - Purpose	3 - Annexure	4 - Conditions
	reach agreement on picketing rules		other party 2. Submit to the Provincial Office of the CCMA
70(3)	Bargaining council request for essential service investigation	LRA 4.7	1. Copy of current certificate of accreditation 2. Submit to the Essential Services Committee, c/o the CCMA
72	Request for ratification of collective agreement providing for maintenance of minimum services	LRA 4.8	1. Copy of collective agreement 2. Submit to the Essential Services Committee, c/o the CCMA
75(2)	Employer applies for maintenance service determination	LRA 4.3	3. Proof of service on other party 4. Submit to the Essential Services Committee, c/o the CCMA
80(2)	Representative trade union applies to establish a workplace forum	LRA 5.1	1. Proof of service on other party 2. Submit to the Registrar in the Provincial Office of the CCMA
81(1)	Representative trade union applies to establish a trade union-based workplace forum	LRA 5.2	1. Proof of service on other party 2. Submit to the Registrar in the Provincial Office of the CCMA
96(1)	Registration of a trade union	LRA 6.1	1. Submit two copies 2. Submit to the Registrar of Labour Relations, c/o the Director General, Department of Labour, Private Bag X117,

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

1 - Section	2 - Purpose	3 - Annexure	4 - Conditions
			2. Submit to the Governing Body of the CCMA
127(1)	Private agency applies for accreditation	LRA 7.2	1. Attach a copy of the agency's code of conduct and the motivation for accreditation to the form 2. Submit to the Governing Body of the CCMA
129(1)	Council or private agency applies to amend its accreditation	LRA 7.5	1. Attach a copy of the current certificate of accreditation 2. Submit to Governing Body of the CCMA
131(1)	Council applies to renew its accreditation	LRA 7.6	1. Attach a copy of the current certificate of accreditation 2. Submit to Governing Body of the CCMA
131(1)	Private agency applies to renew its accreditation	LRA 7.7	1. Attach a copy of the current certificate of accreditation 2. Submit to Governing Body of the CCMA
132(1)	Council applies for subsidy	LRA 7.8	1. Attach a copy of the current certificate of accreditation (if applicable) and motivation 2. Submit to Governing Body of the Commission
132(1)	Private agency applies for subsidy	LRA 7.9	1. Attach a copy of the current certificate of accreditation (if



1 - Section	2 - Purpose	3 - Annexure	4 - Conditions
			applicable), budget and motivation 2. Submit to Governing Body of the CCMA
132(8)(a)	Council or private agency applies for renewal of subsidy	LRA 7.10	1. Attach a copy of the current certificate of accreditation 2. Submit to Governing Body of the CCMA
136	Request for arbitration	LRA 7.13	1. Proof of service on other party 2. Submit to the Registrar in the Provincial Office of the CCMA
137(1)	Application to director to appoint a senior commissioner to arbitrate	LRA 7.15	1. Proof of service on other party 2. Submit to the Director of the CCMA
115 and 138 (10)	Request for Taxation	LRA 7.17	1. Proof of service on other party 2. Submit to the Registrar in the Provincial Office of the CCMA
143	Application to certify CCMA Award and Writ of Execution	LRA 7.18	Submit to the Director of the CCMA
143 and 51(8)	Application to certify Bargaining Council Award and Writ of Execution	LRA 7.18A	Submit to Director of the CCMA

1 - Section	2 - Purpose	3 - Annexure	4 - Conditions
188A	Request for pre-dismissal arbitration	LRA 7.19	Submit to the Registrar in the Provincial Office of the CCMA
189A	Request for operational requirements facilitation	LRA 7.20	1. Proof of service on other party 2. Submit to the Registrar in the Provincial Office of the CCMA
200A3	Request for advisory award on whether a person is an employee	LRA 7.21	2. Submit to the Registrar in the Provincial Office of the CCMA

#### 8. Form of Certificates or Particulars

- (1) A certificate issued in terms of sections 64(1)(a)(i), 135(5)(a) or 136(1)(a) of the Act must be in the form of annexure LRA 7.12.
- (2) Whenever a certificate or statement of particulars is contemplated in terms of a section of the Act shown in column 1 of Table LRA 3 for a purpose listed in column 2 of that Table, the document must be in the form of the annexure listed opposite that section number in column 3 of that Table, and must be produced subject to any conditions listed opposite that section number in column 4 of that Table.

**Table LRA 3 - Table of Certificates and Particulars**

1 - Section	2 - Purpose	3 - Annexure	4 - Conditions
29(15)(a)	Certificate of registration of a bargaining council	LRA 3.4	Must bear the official stamp of the Registrar of Labour Relations
33(2)	Certificate of appointment as a designated agent of a council	LRA 3.9	Must bear the official stamp of the Secretary of the Council
42(a)	Certificate of registration of a statutory council	LRA 3.16	Must bear the official stamp of the Registrar of Labour

1 - Section	2 - Purpose	3 - Annexure	4 - Conditions
			Relations
49(3)	Council submits particulars of representativeness of Council's registered scope	LRA 3.20	1. Submit two copies 2. Submit to the Registrar of Labour Relations, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001.
49(2)	Council submits particulars of representativeness of parties to a collective agreement	LRA 3.20A	1. Submit two copies 2. Submit to the Registrar of Labour Relations, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001.
49(4)	Certificate of representativeness of a council	LRA 3.21	Must bear the official stamp of the Registrar of Labour Relations
49(2)	Certificate of representativeness of parties to a collective agreement	LRA 3.21A	Must bear the official stamp of the Registrar of Labour Relations
54(2)(f)	Council submits particulars of small enterprises	LRA 3.20B	Submit to the Registrar of Labour Relations, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001 annually by end January covering previous calendar year ending 31

1 - Section	2 - Purpose	3 - Annexure	4 - Conditions
			December
135(5)(a) 64(1)(a)(i) 136(1)(a)	Certificate of outcome of dispute referred to conciliation	LRA 7.12	Must bear official stamp of the CCMA, council or agency.
96(7)(a)	Certificate of registration of a trade union	LRA 6.3	Must bear the official stamp of the Registrar of Labour Relations
96(7)(a)	Certificate of registration of an employers' organisation	LRA 6.4	Must bear the official stamp of the Registrar of Labour Relations
127(5)(a)(i)	Certificate of accreditation of council	LRA 7.3	1. Must include terms of accreditation 2. Must bear official stamp of the CCMA
127(5)(a)(i)	Certificate of accreditation of private agency	LRA 7.4	1. Must include terms of accreditation 2. Must bear official stamp of the CCMA

## 9. Form of Notices, Demands and Appeals

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

**Table LRA 4 - Table of Notices, Demands and Appeals**

<b>1 - Section</b>	<b>2 - Purpose</b>	<b>3 - Annexure</b>	<b>4 - Conditions</b>
77(1)(b)	Notice to NEDLAC about possible protest action	LRA 4.4	Submit to the Executive Director of NEDLAC
77(1)(d)	Notice to NEDLAC of intention to proceed with protest action	LRA 4.5	1. Submit to the Executive Director of NEDLAC 2. Must be received at least 14 days before the start of the protest action
136(3)	Notice of objection to arbitration by same commissioner	LRA 7.14	1. Proof of service on other party is required 2. Submit to Registrar in the Provincial Office of the CCMA
33(3) read with item 5 of Schedule 10	Subpoena by designated agent	LRA 3.10	Signed by Secretary / Regional Secretary of Council
33A(5)/127(6) read with 142	Subpoena by Council arbitrator	LRA 3.10A	Signed by Secretary / Regional Secretary of Council
70 and 71	Subpoena by Essential Services Committee	LRA 4.6	Signed by the Director of the CCMA
142(1)(a), (b) and (c)	Subpoena by Commissioner	LRA 7.16	Signed by Director, CCMA

**10. Forms of Records, Reports, Statements, Lists and Registers**

Whenever a Record, Report, Statement, List or Register is contemplated in terms of a section of the Act shown in column 1 of Table LRA 5 for a purpose listed in column 2 of that Table, the document must be in the form of the annexure listed opposite that section number in column 3 of that Table, and must be produced subject to any conditions listed opposite that section number in column 4 of that Table.

**Table LRA 5 - Table of Records, Reports, Statements, Lists and Registers**

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

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

### 11. Form of Proposals, Resolutions and Referrals

- (1) A request to the Commission to arbitrate a dispute in terms of sections 16(9), 21(7), 21(11), 22(4), 24(5), 24(6), 45(4), 61(13), 74(4), 86(7) 89(6), 94(4), 133(2)(b), 141(4), 191(5)(a) or 196(9) or item 3(4)(b) of Part B of Schedule 7 to the Act must be made in the form of annexure LRA 7.13.

- (2) A referral of a dispute to the Commission for conciliation in terms of sections 9(1), 16(6), 21(4), 21(11), 22(1), 24(2), 24(6), 26(11), 45(1), 61(10), 63(1), 64(1)(a), 64(2), 69(8), 74(1), 86(4)(b), 89(3), 94(1), 134, 191 (1) or 196(6) or item 3(1)(b) of Part B of Schedule 7 to the Act by the Commission, must be made in the form of annexure LRA 7.11.
- (3) Whenever a Proposal, Resolution or Referral is contemplated in terms of a section of the Act shown in column 1 of Table LRA 6, for a purpose listed in column 2 of that Table, the document must be in the form of the annexure listed opposite that section number in column 3 of that Table, and must be produced subject to any conditions listed opposite that section number in column 4 of that Table.

**Table LRA 6 - Table of Proposals, Resolutions and Referrals**

1 - Section	2 - Purpose	3 - Annexure	4 - Conditions
38(3)	Referring a Public Service jurisdictional disputes for conciliation	LRA 3.12	1. Proof of service on other party 2. Submit to the Dispute Resolution Committee, c/o the CCMA
44(5)	Statutory council requests Minister to amend or extend the period of a determination	LRA 3.18	1. Submit two copies 2. Submit to the Minister of Labour, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001
73(1)	Referring disputes for determination as an essential service	LRA 4.2	1. Proof of service on other party 2. Submit to the Essential Services Committee, c/o



1 - Section	2 - Purpose	3 - Annexure	4 - Conditions
			the CCMA
133, 135, 191(1) and 191(5A)	Referring a dispute to the CCMA for conciliation (Including Con Arb)	LRA 7.11	Submit to Provincial Office of the CCMA

## 12. Labour Court

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

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

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

## 13. Provincial Executive Manager, Department of Labour

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

**Table LRA 7 - Table of Provincial Executive Managers**

<b>1 – Geographical Jurisdiction</b>	<b>2 - Address</b>
The Province of Eastern Cape	Private Bag X9005, East London 5200 Laboria Building, 3 Hill Street, East London Tel. no. 043-701 3000 Fax no. 043-743 9719
The Province of the Free State	P.O. Box 522, Bloemfontein 9300 43 National House, Maitland Street, Bloemfontein Tel. no. 051-505 6200 Fax no. 051-447 9353
The Province of Gauteng, Gauteng North in the Magisterial Districts of Benoni, Bronkhorstspuit, Cullinan, Krugersdorp, Nigel, Pretoria Randfontein, Soshanguve 1, Soshanguve 2, Springs and Wonderboom	P.O. Box 393, Pretoria 0001 239 Skinner Street, Concillium Building, Pretoria Tel. no. 012-309 5000 Fax no. 012-309 5061
The Province of Gauteng, Gauteng South in the Magisterial Districts of Alberton, Boksburg, Brakpan, Germiston, Heidelberg, Johannesburg, Kempton Park, Oberholzer, Randburg, Roodepoort, Vanderbijlpark, Vereeniging and Westonaria	P.O. Box 4560, Johannesburg 2000 18 Rissik Street, Annuity House, Johannesburg Tel. no. 011-497 3000 Fax no. 011-834 1081
The Province of KwaZulu-Natal	P.O. Box 940, Durban 4000 Masonic Grove, Government Building, Durban Tel. no. 031-336 1500 Fax no. 031-307 6882
The Limpopo Province	Private Bag X9368, Polokwane 0700 42A Schoeman Street, Old Boland Bank, Polokwane Tel. no. 015-290 1744

1 – Geographical Jurisdiction	2 - Address
	Fax no. 015-290 1670
The Province of Mpumalanga	Private Bag X7263, Witbank 1035 Corner Hofmeyer and Beatty Avenue, Witbank Tel. no. 013-655 8700 Fax no. 013-690 2622
The Province of North West	Private Bag X2040, Mmabatho 2735. Provident House, University Drive, Second Floor, SEBO Building, Mmabatho Tel. no. 018-387 8100 Fax no. 018-384 2745
The Province of Northern Cape	Private Bag X5012, Kimberley 8300 No 13 cnr Pniel/Compound Streets, Laboria House, Kimberley Tel. no. 053-838 1500 Fax no. 053-832 4798
The Province of Western Cape	P.O. Box 872, Cape Town 8000 22 Parade Street, Thomas Boydell Building, Cape Town Tel. no. 021-460 5911 Fax no. 021-465 7318

#### 14 Short title and commencement

- (a) These regulations are called the Labour Relations Regulations.
- (b) These regulations come into operation on 1 August 2002.

**B. INDEX OF FORMS ANNEXED TO REGULATIONS****1. Organised according to the sequence of the Act**

<b>Chapter 1</b>	<b>Purpose, Application and Interpretation</b>	No forms
<b>Chapter 2</b>	<b>Freedom of Association and General Protections</b>	No forms
<b>Chapter 3</b>	<b>Collective Bargaining</b>	
LRA Form 3.1	Conscientious objector requests agency fee to be paid to Department	Section 25(4)(b)
LRA Form 3.2	List of deductions from conscientious objectors' wages	Section 25(4)(b) as applied by section 26(8)
LRA Form 3.3	Application for registration of a bargaining council	Section 29(1)
LRA Form 3.4	Certificate of registration of bargaining council	Section 29(15)(a)
LRA Form 3.5	Bargaining council requests extension of collective agreement to non-parties	Section 32(1)
LRA Form 3.6	Request to extend period of, or renew, collective agreement extended to non parties	Section 32(6)(a)
LRA Form 3.7	Bargaining council requests cancellation of notice extending collective agreement to non-parties	Section 32(7)
LRA Form 3.8	Council requests appointment of designated agent	Sections 33(1) and 43(3)
LRA Form 3.9	Certificate of appointment as designated agent of Council	Section 33(2)
LRA Form 3.10	Subpoena by designated agent	Section 33(3) read with item 5 of Schedule 10

LRA Form 3.10A	Subpoena by council arbitrator	Section 33A(5) / 127(6) read with section 142
LRA Form 3.11	Amalgamating bargaining council applies for registration	Section 34(2)
LRA Form 3.12	Referring public service jurisdictional disputes for conciliation	Section 38(3)
LRA Form 3.13	Referring public service jurisdictional disputes for arbitration	Section 38(6)
LRA Form 3.14	Trade union applies for establishment of a statutory council	Section 39(2)
LRA Form 3.15	Employers' organisation applies for establishment of statutory council	Section 39(2)
LRA Form 3.16	Certificate of registration of a statutory council	Section 42(a)
LRA Form 3.17	Submission of collective agreement of statutory council to Minister for promulgation as a determination	Sections 44(1) and 44(2)
LRA Form 3.18	Statutory council requests Minister to amend or extend period of determination	Section 44(5)
LRA Form 3.19	Statutory council applies to register as a bargaining council	Section 48(1)
LRA Form 3.20	Council submits particulars of representativeness of its registered scope	Section 49(3)
LRA Form 3.20A	Council submits particulars of representativeness of parties to collective agreement	Section 49(2)

LRA Form 3.20 B	Council submits particulars of small enterprises	Section 54(2)(f)
LRA Form 3.21	Certificate of representativeness of Council	Section 49(4)
LRA Form 3.21A	Certificate of representativeness of parties to a collective agreement	Section 49(2)
LRA Form 3.22	Council applies for variation of scope of registration	Section 58
LRA Form 3.23	Application about demarcation dispute	Section 62(1)

#### Chapter 4 Strikes and Lock - Outs

LRA Form 4.1	Request to establish picketing rules	Section 69(4)
LRA Form 4.2	Referring disputes for determination as an essential service	Section 73(1)
LRA Form 4.3	Employer applies for maintenance service determination	Section 75(2)
LRA Form 4.4	Notice to NEDLAC about possible protest action	Section 77(1)(b)
LRA Form 4.5	Notice to NEDLAC of intention to proceed with protest action	Section 77(1)(d)
LRA Form 4.6	Subpoena by Essential Services Committee	Section 70 and 71
LRA	Bargaining Council request for essential	Section 70(3)

Form      service investigation  
4.7

LRA      Request for ratification of collective  
Form      agreement providing for maintenance of  
4.8      minimum services

Section 72

#### **Chapter 5 Workplace Forums**

LRA      Representative trade union applies to  
Form      establish a workplace forum  
5.1

Section 80(2)

LRA      Representative trade union applies to  
Form      establish a trade union-based  
5.2      workplace forum

Section 81(1)

#### **Chapter 6 Trade Unions and Employers' Organisations**

LRA      Registration of a trade union  
Form  
6.1

Section 96(1)

LRA      Registration of an employers' organisation  
Form  
6.2

Section 96(1)

LRA      Certificate of registration of a trade union  
Form  
6.3

Section 96(7)(a)

LRA      Certificate of registration of an employers'  
Form      organisation  
6.4

Section 96(7)(a)

LRA      List of members to be kept by a trade union  
Form  
6.5

Section 99(a)

LRA      List of members to be kept by employers'  
Form      organisation  
6.6

Section 99(a)

LRA      Number of trade union members  
Form  
6.7

Section 100(a)

LRA      Number of employers' organisation members  
Form  
6.8

Section 100(a)

LRA Form 6.9	Application by amalgamating trade unions for registration	Section 102(2)
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LRA Form 6.10	Application by amalgamating employers' organisations for registration	Section 102(2)
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#### **Chapter 7 Dispute Resolution**

LRA Form 7.1	Council applies for accreditation	Section 127(1)
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LRA Form 7.2	Private agency applies for accreditation	Section 127(1)
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LRA Form 7.3	Certificate of accreditation of council	Section 127(5)(a)(ii)
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LRA Form 7.4	Certificate of accreditation of private agency	Section 127(5)(a)(ii)
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LRA Form 7.5	Council or private agency applies to amend accreditation	Section 129(1)
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LRA Form 7.6	Council applies to renew accreditation	Section 131(1)
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LRA Form 7.7	Private agency applies to renew accreditation	Section 131(1)
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LRA Form 7.8	Council applies for subsidy	Section 132(1)
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LRA Form 7.9	Private agency applies for subsidy	Section 132(1)
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LRA Form 7.10	Council or private agency applies for renewal of subsidy	Section 132(8)(a)
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LRA Form 7.11	Referring a dispute to the CCMA for conciliation (including Con Arb)	Section 133, 135, 191
LRA Form 7.12	Certificate of outcome of dispute referred for conciliation	Sections 64(1)(a)(i), 135(5)(a), 136(1)(a)
LRA Form 7.13	Request for arbitration	Section 136
LRA Form 7.14	Notice of objection to arbitration by same Commissioner	Section 136(3)
LRA Form 7.15	Application to appoint Senior Commissioner to arbitrate	Section 137(1)
LRA Form 7.16	Subpoena by Commissioner	Section 142(1)(a), (b) and(c)
LRA Form 7.17	Request for Taxation	Sections 115 and 138(10)
LRA Form 7.18	Application to certify CCMA Award and Writ of Execution	Section 143
LRA Form 7.18A	Application to certify Bargaining Council Award and Writ of Execution	Sections 143(1) and 51(8)

#### **Chapter 8    Unfair Dismissal**

LRA Form 7.19	Request for pre-dismissal arbitration	Section 188A
LRA Form 7.20	Request for section 189A operational requirements facilitation	Section 189A
LRA Form 7.21	Request for advisory award on whether a person is an employee	Section 200A3

**Chapter 9 General Provisions**

LRA Form 9.1	Employer's record of employee's earnings, deductions and time worked	Section 205(1)
LRA Form 9.2	Record of strike, lock-out or protest action	Section 205(3)(a)

**3. Organised according to activities and Organisations****Arbitration**

Referring public service jurisdictional disputes for arbitration	Section 38(6)	LRA Form 3.13
Request for arbitration	Section 136	LRA Form 7.13
Notice of objection to arbitration by same Commissioner	Section 136(3)	LRA Form 7.14
Application to appoint Senior Commissioner to arbitrate	Section 137(1)	LRA Form 7.15
Request for Taxation	Sections 115 and 138(10)	LRA Form 7.17
Application to certify CCMA Award and Writ of Execution	Section 143	LRA Form 7.18
Application to certify Bargaining Council Award and Writ of Execution	Section 143(1) and 51(8)	LRA Form 7.18A

**Bargaining Council**

Application for registration of a bargaining council	Section 29(1)	LRA Form 3.3
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Certificate of registration of bargaining council	Section 29(15)(a)	LRA Form 3.4
Bargaining council requests extension of collective agreement to non-parties	Section 32(1)	LRA Form 3.5
Request to extend period of, or renew, collective agreement extended to non-parties	Section 32(6)(a)	LRA Form 3.6
Bargaining council requests cancellation of notice extending collective agreement to non-parties	Section 32(7)	LRA Form 3.7
Council requests appointment of designated agent	Sections 33(1) and 43(3)	LRA Form 3.8
Certificate of appointment as designated agent of Council	Section 33(2)	LRA Form 3.9
Subpoena by designated agent	Section 33(3) read with item 5 of Schedule 10	LRA Form 3.10
Subpoena by council arbitrator	Section 33A(5)/ 127(6) read with section 142	LRA Form 3.10A
Amalgamating bargaining council applies for registration	Section 34(2)	LRA Form 3.11
Statutory council applies to register as a bargaining council	Section 48(1)	LRA Form 3.19
Council submits particulars of representativeness of its registered scope	Section 49(3)	LRA Form 3.20
Council submits particulars of representativeness of parties to collective agreement	Section 49(2)	LRA Form 3.20 A

Council submits particulars of small enterprises	Section 54(2)(f)	LRA Form 3.20 B
Certificate of representativeness of council	Section 49(4)	LRA Form 3.21
Certificate of representativeness of parties to a Collective agreement	Section 49(2)	LRA Form 3.21A
Council applies for variation of scope of registration	Section 58	LRA Form 3.22
Bargaining Council request for essential service investigation	Section 70(3)	LRA Form 4.7
Request for ratification of collective agreement providing for maintenance of minimum services	Section 72	LRA Form 4.8
Council applies for accreditation	Section 127(1)	LRA Form 7.1
Private agency applies for accreditation	Sections 127(1)	LRA Form 7.2
Certificate of accreditation of Council	Section 127(5)(a)(ii)	LRA Form 7.3
Council or private agency applies to amend accreditation	Section 129(1)	LRA Form 7.5
Council applies to renew accreditation	Section 131(1)	LRA Form 7.6
Council applies for subsidy	Section 132(1)	LRA Form 7.8

Council or private agency applies for renewal of subsidy	Section 132(8)(a)	LRA Form 7.10
<b>CCMA</b>		
Referring public service jurisdictional disputes for conciliation	Section 38(3)	LRA Form 3.12
Referring public service jurisdictional disputes for arbitration	Section 38(6)	LRA Form 3.13
Application about demarcation dispute	Section 62(1)	LRA Form 3.23
Request to establish picketing rules	Section 69(4)	LRA Form 4.1
Referring disputes for determination as an essential service	Section 73(1)	LRA Form 4.2
Employer applies for maintenance service determination	Section 75(2)	LRA Form 4.3
Representative trade union applies to establish a workplace forum	Section 80(2)	LRA Form 5.1
Representative trade union applies to establish a trade union-based workplace forum	Section 81 (1)	LRA Form 5.2
Council applies for accreditation	Section 127(1)	LRA Form 7.1
Private agency applies for accreditation	Section 127(1)	LRA Form 7.2
Certificate of accreditation of Council	Section 127(5)(a)(ii)	LRA Form 7.3
Certificate of accreditation of private agency	Section 127(5)(a)(ii)	LRA Form 7.4

Council or private agency applies to amend accreditation	Section 129(1)	LRA Form 7.5
Council applies to renew accreditation	Section 131 (1)	LRA Form 7.6
Private agency applies to renew accreditation	Section 131 (1)	LRA Form 7.7
Council applies for subsidy	Section 132(1)	LRA Form 7.8
Private agency applies for subsidy	Section 132(1)	LRA Form 7.9
Council or private agency applies for renewal of subsidy	Section 132(8)(a)	LRA Form 7.10
Referring a dispute to the CCMA for conciliation (including Con Arb)	Sections 133, 135 191	LRA Form 7.11
Certificate of outcome of dispute referred for conciliation	Sections 64(1)(a)(i), 135(5)(a), 136(1)(a)	LRA Form 7.12
Request for arbitration	Section 136	LRA Form 7.13
Notice of objection to arbitration by same Commissioner	Section 136(3)	LRA Form 7.14
Application to appoint Senior Commissioner to arbitrate	Section 137(1)	LRA Form 7.15
Subpoena by Commissioner	Section 142(1)(a) (b) and (c)	LRA Form 7.16
Request for pre-dismissal arbitration	Section 188A	LRA Form 7.19

Request for section 189A operational requirements facilitation	Section 189A	LRA Form 7.20
Request for advisory award on whether a person is an employee	Section 200A3	LRA Form 7.21
<b>Collective Agreements</b>		
Bargaining council requests extension of collective agreement to non-parties	Section 32(1)	LRA Form 3.5
Request to extend period of, or renew, collective agreement extended to non-parties	Section 32(6)(a)	LRA Form 3.6
Bargaining council requests cancellation of notice extending collective agreement to non-parties	Section 32(7)	LRA Form 3.7
Request for ratification of collective agreement providing for maintenance of minimum services	Section 72	LRA Form 4.8
<b>Conciliation</b>		
Referring public service jurisdictional disputes for conciliation	Section 38(3)	LRA Form 3.12
Referring a dispute to the CCMA for conciliation (Including Con Arb)	Sections 133, 135, 191	LRA Form 7.11
Certificate of outcome of dispute referred for conciliation	Sections 64(1)(a)(i), 135(5)(a), 136(1)(a)	LRA Form 7.12
<b>Conscientious objectors</b>		
Conscientious objector requests agency fee to be paid to Department	Section 25(4)(b)	LRA Form 3.1
List of deductions from conscientious objectors' wages	Section 25(4)(b) as applied by Section 26(8)	LRA Form 3.2

**Employers**

Employer's record of employee's earnings, deductions and time worked	Section 205(1)	LRA Form 9.1
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**Employers' Organisation**

Application for registration of a bargaining council	Section 29(1)	LRA Form 3.3
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Employers' organisation applies for establishment of statutory council	Section 39(2)	LRA Form 3.15
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Registration of an employers' organisation	Section 96(1)	LRA Form 6.2
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Certificate of registration of an employers' organisation	Section 96(7)(a)	LRA Form 6.4
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List of members to be kept by employers' organisation	Section 99(a)	LRA Form 6.6
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Number of employers' organisation members	Section 100(a)	LRA Form 6.8
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Application by amalgamating employers' organisations for registration	Section 102(2)	LRA Form 6.10
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**Essential Service**

Referring disputes for determination as an essential service	Section 73(1)	LRA Form 4.2
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Subpoena by Essential Services Committee	Sections 70 and 71	LRA Form 4.6
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Bargaining Council request for essential service investigation	Section 70(3)	LRA Form 4.7
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**Maintenance Service**

Employer applies for maintenance service determination	Section 75(2)	LRA Form 4.3
Request for ratification of collective agreement providing for maintenance of minimum services	Section 72	LRA Form 4.8

**NEDLAC**

Notice to NEDLAC about possible protest action	Section 77(1)(b)	LRA Form 4.4
Notice to NEDLAC of intention to proceed with protest action	Section 77(1)(d)	LRA Form 4.5

**Picketing**

Request to establish picketing rules	Section 69(4)	LRA Form 4.1
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**Private Agency**

Private agency applies for accreditation	Section 127(1)	LRA Form 7.2
Certificate of accreditation of private agency	Section 127(5)(a)(ii)	LRA Form 7.4
Council or private agency applies to amend accreditation	Section 129(1)	LRA Form 7.5
Private agency applies to renew accreditation	Section 131 (1)	LRA Form 7.7
Private agency applies for subsidy	Section 132(1)	LRA Form 7.9
Council or private agency applies for renewal of subsidy	Section 132(8)(a)	LRA Form 7.10

**Protest Action**

Notice to NEDLAC about possible protest action	Section 77(1)(b)	LRA Form 4.4
Notice to NEDLAC of intention to proceed with protest action	Section 77(1)(d)	LRA Form 4.5
Record of strike, lock-out or protest action	Section 205(3)(a)	LRA Form 9.2

**Public Service**

Referring public service jurisdictional disputes for conciliation	Section 38(3)	LRA Form 3.12
Referring public service jurisdictional disputes for arbitration	Section 38(6)	LRA Form 3.13

**Statutory Council**

Trade union applies for establishment of a statutory council	Section 39(2)	LRA Form 3.14
Employers' organisation applies for establishment of statutory council	Section 39(2)	LRA Form 3.15
Certificate of registration of a statutory council	Section 42(a)	LRA Form 3.16
Submission of collective agreement of statutory council to Minister for promulgation as a determination	Sections 44(1) and 44(2)	LRA Form 3.17
Statutory council requests Minister to amend or extend period of determination	Section 44(5)	LRA Form 3.18
Statutory council applies to register as a bargaining council	Section 48(1)	LRA Form 3.19
Council submits particulars of representativeness	Section 49(3)	LRA

of its registered scope		Form 3.20
Certificate of representativeness of council	Section 49(4)	LRA Form 3.21
Council applies for accreditation	Section 127(1)	LRA Form 7.1
Certificate of accreditation of council	Section 127(5)(a)(ii)	LRA Form 7.3
Council or private agency applies to amend accreditation	Section 129(1)	LRA Form 7.5
Council applies to renew accreditation	Section 131(1)	LRA Form 7.6
Council applies for subsidy	Section 132(1)	LRA Form 7.8
Council or private agency applies for renewal of subsidy	Section 132(8)(a)	LRA Form 7.10
<b>Strike</b>		
Record of strike, lock-out or protest action	Section 205(3)(a)	LRA Form 9.2
<b>Subsidy</b>		
Council applies for subsidy	Section 132(1)	LRA Form 7.8
Private agency applies for subsidy	Section 132(1)	LRA Form 7.9
Council or private agency applies for renewal of subsidy	Section 132(8)(a)	LRA Form 7.10

**Trade Unions**

Trade union applies for establishment of a statutory council	Section 39(2)	LRA Form 3.14
Representative trade union applies to establish a workplace forum	Section 80(2)	LRA Form 5.1
Representative trade union applies to establish a trade union-based workplace forum	Section 81(1)	LRA Form 5.2
Registration of a trade union	Section 96(1)	LRA Form 6.1
Certificate of registration of a trade union	Section 96(7)(a)	LRA Form 6.3
List of members to be kept by a trade union	Section 99(a)	LRA Form 6.5
Number of trade union members	Section 100(a)	LRA Form 6.7
Application by amalgamating trade unions for registration	Section 102(2)	LRA Form 6.9

**Workplace Forum**

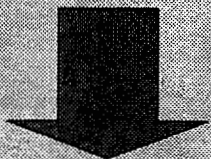
Representative trade union applies to establish a workplace forum	Section 80(2)	LRA Form 5.1
Representative trade union applies for establishment of a Trade union-based workplace forum	Section 81(1)	LRA Form 5.2

**LRA Form 3.1**  
**Sections 25(4)(b)**  
**and 26(8)**  
**Labour Relations Act,**  
**1995**

## **CONSCIENTIOUS OBJECTOR REQUESTS AGENCY FEE TO BE PAID TO DEPARTMENT**



### **READ THIS FIRST**



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

This form requests an employer to pay an amount deducted from a conscientious objector's wage into a fund administered by the Department of Labour.

#### **WHO FILLS IN THIS FORM?**

The employee who is a conscientious objector.

#### **WHERE DOES THIS FORM GO?**

To the employer.

#### **OTHER INSTRUCTIONS**

The amount deducted must be sent with LRA Form 3.2 by the employer to the Provincial Executive Manager in the Department of Labour.

Refer to Table LRA 7 in the Regulations for the applicable address.

### **1) EMPLOYEE DETAILS**

I, ..... object on  
 (name of conscientious objector)

grounds of conscience to belonging to or contributing money to a trade union. My grounds of conscience are:

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

(reasons)

I request my employer to remit the amount deducted as an agency fee to the Department of Labour for payment into a fund administered by the Department.

Signature: .....

Date: .....

### **2) EMPLOYER DETAILS**

Name: .....

.....

Postal address: .....

.....

.....

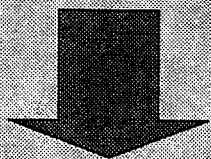
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**LRA Form 3.2**  
**Section 25(4)(b)**  
**Labour Relations Act,**  
**1995**

# **LIST OF DEDUCTIONS FROM CONSCIENTIOUS OBJECTORS' WAGES**



**READ THIS FIRST**



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

This form lists the names of conscientious objectors and the amounts deducted by the employer for the Department of Labour.

## **WHO FILLS IN THIS FORM?**

The employer.

## **WHERE DOES THIS FORM GO?**

To the Provincial Executive Manager, Department of Labour.

## **OTHER INSTRUCTIONS**

The employer must send two completed copies of this form with the agency fee deducted, to the Provincial Executive Manager, Department of Labour.

Refer to Table LRA 7 in the Regulations for the applicable address.

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

## **1) CONSCIENTIOUS OBJECTORS' DETAILS**

<b>Names of employees</b>	<b>Amount</b>
1. ....	.....
2. ....	.....
3. ....	.....
4. ....	.....
5. ....	.....
6. ....	.....
7. ....	.....

**TOTAL** .....

## **2) EMPLOYER DETAILS**

Name: .....

.....

Postal address: .....

.....

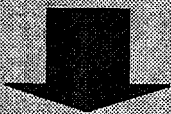
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**LRA Form 3.3**  
**Section 29(1)**  
**Labour Relations Act, 1995**

**READ THIS FIRST**



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

This form is an application for registration of a Bargaining Council.

**WHO FILLS IN THIS FORM?**

The trade unions and employers' organisations who have jointly agreed to form a Council.

**WHERE DOES THIS FORM GO?**

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

**OTHER INSTRUCTIONS**

- Two completed copies of this form must be sent to the Registrar of Labour Relations.
- Each employers' organisation which is a party to the Bargaining Council must fill in page 2 of 5.
- Each trade union which is a party to the Bargaining Council must fill in page 2.
- Three copies of the constitution of the Bargaining Council must be attached to this form.
- An authorised representative of each party must sign this form.
- If there is insufficient space on the form use a separate piece of paper.

**APPLICATION FOR  
 REGISTRATION OF A  
 BARGAINING COUNCIL**

**1) NAME OF BARGAINING COUNCIL**

.....  
 .....

**2) ADDRESS**

.....  
 .....

**3) PARTIES**

**Employers' organisations**

.....  
 .....

**Trade unions**

.....  
 .....

**4) PROPOSED SCOPE**

**Describe the character of the sector** .....

.....  
 .....

**Area** .....

.....  
 .....

... please turn over →

**Name of Employers' Organisation .....**

[illegible]

**... please turn over →**





**5) REPRESENTATIVENESS OF THE BARGAINING COUNCIL**

\_\_\_\_\_ Total number of employees falling within the proposed scope of the Bargaining Council and who belong to the trade unions which are party to the Council

\_\_\_\_\_ Total number of employers falling within the proposed scope of the Bargaining Council and who belong to the employers' organisations which are party to the Council

\_\_\_\_\_ Total number of employees employed within the proposed scope of the Bargaining Council by the employers that belong to the employers' organisations which are party to the Council

\_\_\_\_\_ Total number of employers within the proposed scope of the Council

\_\_\_\_\_ Total number of employees employed within the proposed scope of the Council

**6) SIGNATORIES****Employers' organisation****Trade union**

Name .....

Position .....

Signature .....

Date .....

Tel. ....

Fax .....

**CHECK!**

- Have you attached a copy of the constitution of the Bargaining Council?
- Have all the employers' organisations filled in page 2 of 5?
- Have all the trade unions filled in page 3 of 5?

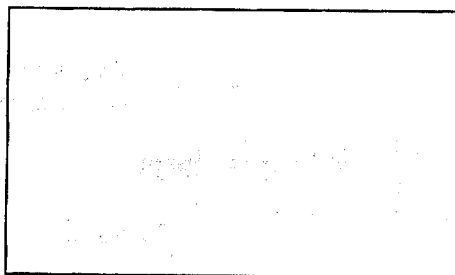
## DEPARTMENT OF LABOUR DETAILS

I, .....  
(name of official)  
checked the information and certify that it is substantially correct.

Signature: .....

Date: .....

Place: .....



(Official stamp)

**LRA Form 3.4**  
**Section 29(15)(a)**  
**Labour Relations Act, 1995**



**CERTIFICATE OF REGISTRATION**  
**OF BARGAINING COUNCIL**

This is to certify that the .....

.....

(Name of Bargaining Council)

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

(date)

The registered scope of the Bargaining Council is .....

.....

.....

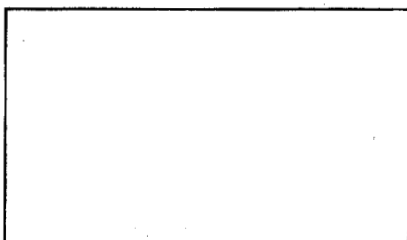
.....

(Sector)

in .....

.....

(Area)



(Official stamp of Registrar)

Date: .....

Reference number: .....

.....  
Registrar of Labour Relations

**LRA Form 3.5**  
**Section 32(1)**  
**Labour Relations Act,**  
**1995**

# **BARGAINING COUNCIL REQUESTS EXTENSION OF COLLECTIVE AGREEMENT TO NON-PARTIES**



## **READ THIS FIRST**



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

This form requests the Minister of Labour to extend a collective agreement to non-parties.

### **WHO FILLS IN THIS FORM?**

The Secretary of the Bargaining Council.

### **WHERE DOES THIS FORM GO?**

The Minister of Labour, c/o the Director General, Department of Labour, Private Bag X117, Pretoria 0001.

Fax 012-309 4156.

### **OTHER INSTRUCTIONS**

- Two completed copies of this form must be sent to the Minister of Labour.
- Three signed copies of the collective agreement and a copy of the Certificate of Representativeness of parties to the agreement or of the Council, must accompany this form.

... please turn over →

## **1) BARGAINING COUNCIL DETAILS**

Name: .....

Address: .....

.....

.....

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

## **2) EXTENSION OF COLLECTIVE AGREEMENT TO NON-PARTIES**

We enclose three copies of a collective agreement dated .....

The parties to the collective agreement are:

.....

.....

.....

.....

(names)

The Bargaining Council requests that all the provisions of the collective agreement except clauses .....

(clause numbers)

become binding on the other employers and employees in the .....

.....

.....

.....

(sector or sub-sectors)

... 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:

- three copies of the collective agreement?
- a copy of the Certificate of Representativeness or the representativeness tables on pages 3 and 4?

and .....

.....

.....

.....

.....

.....

(area/s)

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

.....

.....

.....

.....

.....

(names of trade unions)

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

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

.....

.....

.....

.....

.....

.....

(names of employers' organisations)

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

... please turn over →

**Name of Employers' Organisation .....**

[illegible]

**... please turn over →**

LRA Form 3.5

### Bargaining Council requests extension of collective agreement to non-parties

Page 4 of 5

## REPRESENTATIVENESS OF TRADE UNION

Name of Trade Union .....

[illegible]

**... please turn over →**



**5) 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 collective agreement.

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

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

\_\_\_\_\_ Total number of employers within the scope of the collective agreement.

\_\_\_\_\_ Total number of employees employed within the scope of the collective agreement.

Signature of Secretary of Council .....

Name .....

Date .....

**DEPARTMENT OF LABOUR DETAILS**

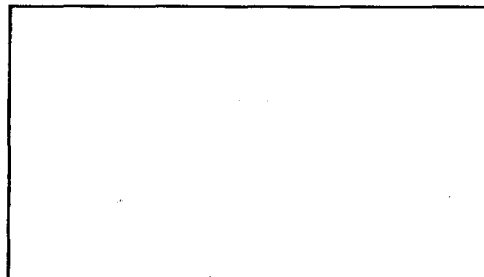
I, \_\_\_\_\_, duly authorised thereto in terms of Regulation 7(2), have  
(name of official)

checked the information and certify that it is substantially correct.

Signature: .....

Date: .....

Place: .....



(Official stamp)

**LRA Form 3.6**  
**Section 32(6)(a)**  
**Labour Relations Act,**  
**1995**

# **REQUEST TO EXTEND PERIOD OF, OR RENEW, COLLECTIVE AGREEMENT EXTENDED TO NON-PARTIES**



## **READ THIS FIRST**



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

This form requests the Minister of Labour to extend the period of, or renew, a collective agreement that has been extended to non-parties.

### **WHO FILLS IN THIS FORM?**

The Secretary of the Bargaining Council.

### **WHERE DOES THIS FORM GO?**

The Minister of Labour, c/o the Director General, Department of Labour, Private Bag X117, Pretoria 0001.

Fax 012-309 4156.

### **OTHER INSTRUCTIONS**

- Two completed copies of this form must be sent to the Department of Labour.
- Three signed copies of the Certificate of Representativeness of parties to the agreement or of the Council, must accompany this form.

... please turn over →

## **1) BARGAINING COUNCIL DETAILS**

Name: .....

Address: .....  
 .....  
 .....

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

## **2) EXTENSION OF PERIOD, OR RENEWAL, OF COLLECTIVE AGREEMENT EXTENDED TO NON-PARTIES**

On ..... a collective agreement was extended in terms  
 (date)  
 of section 32 to non-parties in the Government Gazette ..... on  
 (number)  
 ..... That agreement expires/lapsed on .....  
 (date) (date)

The Bargaining Council requests the Minister to ..... the  
 (extend or renew)  
 collective agreement for the period ..... to .....  
 (date) (date)

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

.....  
 .....  
 .....  
 .....  
 (names of trade unions)

Their members constitute the majority of the members of the trade unions that are party to the collective agreement.

... 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:

- three 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 Bargaining Council.

... please turn over →

LRA Form 3.6

**Request to extend period of, or renew, a collective agreement extended to non-parties**

Page 3 of 5

# REPRESENTATIVENESS OF EMPLOYERS' ORGANISATION PARTY TO THE COLLECTIVE AGREEMENT

**Name of Employers' Organisation .....**

[illegible]

**... please turn over →**



**3) REPRESENTATIVENESS**

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

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

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

\_\_\_\_\_ Total number of employers within the scope of the collective agreement.

\_\_\_\_\_ Total number of employees employed within the scope of the collective agreement.

Signature of Secretary of Council .....

Name .....

Date .....

**DEPARTMENT OF LABOUR DETAILS**

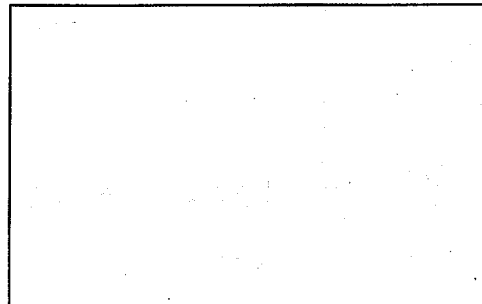
I, ....., duly authorised thereto in terms of Regulation 7(2), have  
(name of official)

checked the information and certify that it is substantially correct.

Signature: .....

Date: .....

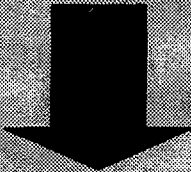
Place: .....



(Official stamp)

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

**READ THIS FIRST**



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

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

**WHO FILLS IN  
 THIS FORM?**

The Secretary of the Bargaining Council.

**WHERE DOES THIS  
 FORM GO?**

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

**NOTES**

A copy of the resolution must be attached to this form.

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

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



**1) BARGAINING COUNCIL DETAILS**

Name: .....

Address: .....

.....

.....

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

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

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

clause/s .....  
 (clause number/s)

of the notice published in Government Gazette

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

or

the notice published in Government

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

Signature of Secretary of Council .....

Name .....

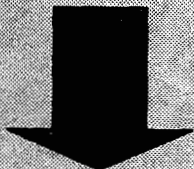
Date .....

**LRA Form 3.8**  
**Section 33(1) and 43(3)**  
**Labour Relations Act,**  
**1995**

## **COUNCIL REQUESTS APPOINTMENT OF DESIGNATED AGENT**



**READ THIS FIRST**



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

This form requests the Minister to appoint an agent to help the Council enforce its collective agreements.

### **WHO FILLS IN THIS FORM?**

The Secretary of the Bargaining Council.

### **WHERE DOES THIS FORM GO?**

The Minister, c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001.

Fax No. 012-309 4156

### **OTHER INSTRUCTIONS**

Two completed copies of this form must be sent to the Director General, Department of Labour.

### **1) COUNCIL DETAILS**

Name: .....

Address: .....

.....

.....

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

### **2) DESIGNATED AGENT DETAILS**

The Minister is requested to appoint the person, whose details follow, as a designated agent of the Council:

Name: .....

ID: .....

Address: .....

.....

Experience and qualifications: .....

.....

.....

Period of service with Council: .....

.....

Signature of Secretary of Council: .....

Name: .....

Date: .....



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

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

This is to certify that .....  
(Name of designated agent)

with identity number ....., has in terms of section 33(2)  
of the Labour Relations Act, 1995, been appointed as a designated agent of the

.....  
(Name of Bargaining Council)

with effect from .....  
(date)

.....  
Signature: Secretary of Council

.....  
Name

Date: .....

Department of Labour reference number: .....

(Official stamp of Council)

LRA Form 3.10  
Section 33(3) read with item 5  
of Schedule 10  
Labour Relations Act, 1995

**SUBPOENA BY DESIGNATED AGENT**

To: \_\_\_\_\_  
(name of subpoenaed person)

\_\_\_\_\_  
(address of subpoenaed person)

You are required to appear in person before \_\_\_\_\_  
(name of designated agent)

at \_\_\_\_\_  
(address)

on \_\_\_\_\_ at \_\_\_\_\_ and any subsequent day(s) to which the  
(date) (time)  
investigation may be postponed.

You are required to appear in person to:  
(Highlight/mark appropriate block and complete)

disclose information concerning \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

bring with you and produce the records or documents listed below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(list record or documents)

Signature of Secretary /Regional Secretary of Council: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

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

**SUBPOENA BY**  
**COUNCIL ARBITRATOR**

To: \_\_\_\_\_  
 (Name of subpoenaed person)  
 \_\_\_\_\_  
 (Organisation of subpoenaed person)  
 \_\_\_\_\_  
 (Address of subpoenaed person)

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

Arbitrator \_\_\_\_\_ has been appointed.  
 (Name of Arbitrator)

The dispute is between \_\_\_\_\_  
 and \_\_\_\_\_  
 (Names of parties)

Issue of Dispute: \_\_\_\_\_

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

\_\_\_\_\_  
 (Address where hearing is being held)

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

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

(Highlight/mark appropriate block)

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (List books, documents and objects)

The party requesting the subpoena has been directed to furnish you with the first day witness fees together with the reasonable travel expenses to attend the hearing.

Signature of Secretary/Regional Secretary of Council: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_

Place: \_\_\_\_\_



**... please turn over →**

**LRA Form 3.11**  
**Amalgamating Bargaining Council applies for registration**  
**Page 2 of 5**

**OTHER INSTRUCTIONS**

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

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

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

(Area)

**3) NAME AND ADDRESS**

The name of the Council will be:

.....  
 .....

The address of the Council will be:

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

Tel. .... Fax .....

Date .....

... please turn over →

Name .....

[illegible]

... please turn over →

**4) REPRESENTATIVENESS OF THE BARGAINING COUNCIL**

\_\_\_\_\_ Total number of employees falling within the proposed scope of the Bargaining Council and who belong to the trade unions that are party to the Council.

\_\_\_\_\_ Total number of employers falling within the proposed scope of the Bargaining Council and who belong to the employers' organisations that are party to the Council.

\_\_\_\_\_ Total number of employees employed within the proposed scope of the Bargaining Council by the employers who belong to the employers' organisations that are party to the Council.

\_\_\_\_\_ Total number of employers within the proposed scope of the Bargaining Council.

\_\_\_\_\_ Total number of employees employed within the proposed scope of the Bargaining Council.

**Submit the following documents:**

- Copy of the resolution to amalgamate passed by each of the Councils
- A certificate by the Secretary of each Council that the resolution complied with Council's constitution.

**5) SIGNATORIES**

Name of amalgamating Council

Signature of Secretary

1.....

.....

2.....

.....

3.....

.....

4.....

.....

5.....

.....

6.....

.....

7.....

.....

DATE.....

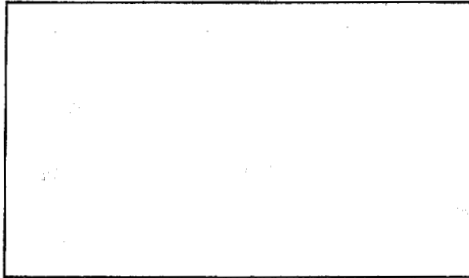
## DEPARTMENT OF LABOUR DETAILS

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

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

Signature: .....




Date: .....



Place: .....

(Official stamp)



<p>LRA Form 3.12 Section 38(3) Labour Relations Act, 1995</p>	<p align="center"><b>REFERRING PUBLIC SERVICE JURISDICTIONAL DISPUTES FOR CONCILIATION</b></p>		
<p align="center"><b>READ THIS FIRST</b></p>  <p><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p>If there is a dispute between two or more bargaining councils in the public service, including the PSCBC, the dispute must be referred to the CCMA in terms of Section 38 of the Labour Relations Act 1995.</p> <p><b>WHO FILLS IN THIS FORM?</b></p> <p>Any party to the dispute.</p> <p><b>WHERE DOES THIS FORM GO?</b></p> <p>To the CCMA Head Office: CCMA House 20 Anderson Street Johannesburg Private Bag X94 Marshalltown 2107 Tel: (011) 377 6650 Fax: (011) 834 7351 E-mail: ho@ccma.org.za</p> <p><b>OTHER PARTIES</b></p> <p>If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate piece of paper and attach details to this form.</p>	<p><b>1. PARTY REFERRING THE DISPUTE</b></p> <p>Name : .....</p> <p>.....</p> <p>Postal Address:.....</p> <p>.....</p> <p>.....</p> <p>Tel:..... Fax:.....</p> <p>Cell Number: ..... Email: .....</p> <p>Contact Person: .....</p> <p>Reference Number: .....</p> <p><b>2. DETAILS OF OTHER PARTY</b></p> <p>Name : .....</p> <p>.....</p> <p>Postal Address:.....</p> <p>.....</p> <p>.....</p> <p>Tel:..... Fax:.....</p> <p>Contact Person: .....</p> <p>Cell Number: ..... Email: .....</p> <p>Reference Number: .....</p>		<p>CCMA Ref. Number.....</p> <p>Please turn over </p>

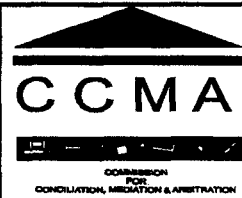
### 3. NATURE OF THE DISPUTE

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

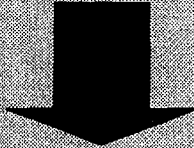
Place:.....

**LRA Form 3.13**  
**Section 38(4)**  
**Labour Relations Act, 1995**

**REFERRING PUBLIC  
 SERVICE JURISDICTIONAL  
 DISPUTES FOR  
 ARBITRATION**



**Read This First**



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

If there is a dispute between two or more bargaining councils in the public service, including the PSCBC and the dispute has been referred for conciliation and is unresolved, any party may request the CCMA to arbitrate the dispute in terms of section 38(4) of the Labour Relations Act, 1995.

**WHO FILLS IN THIS FORM?**

Any party to the dispute.

**WHERE DOES THIS FORM GO?**

To the CCMA Head Office:  
 CCMA House  
 20 Anderson Street  
 Johannesburg  
 Private Bag X94  
 Marshalltown 2107

Tel: (011) 377 6650  
 Fax: (011) 834 7351  
 E-mail: [ho@ccma.org.za](mailto:ho@ccma.org.za)

**OTHER PARTIES**

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

**1. PARTY REFERRING THE DISPUTE**

Name : .....

Postal Address: .....

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

Cell:.....Email:.....

Contact Person: .....

Reference Number: .....

**2. DETAILS OF THE OTHER PARTY**

Name : .....

Postal Address: .....

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

Cell:.....Email:.....

Contact Person: .....

Reference Number: .....

CCMA Ref. Number.....

Please turn over →

**OTHER INSTRUCTIONS**

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

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

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

A copy of the certificate of outcome of the conciliation must be attached.

**CHECK!**

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

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

Have you attached any documentation or additional information?

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

**3. NATURE OF THE DISPUTE**

.....

.....

.....

.....

.....

.....

.....

.....

(Describe the Issues Involved)  
(Use additional paper if necessary)

**4. OUTCOME DESIRED**

.....

.....

.....

.....

.....

.....

.....

(Set out the terms of the award you would like made)  
(Use additional paper if necessary)

**5. CONFIRMATION OF ABOVE DETAILS**

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

Signature: .....

Position: .....

Date: .....

Place: .....

**LRA Form 3.14**  
**Section 39(2)**  
**Labour Relations Act,**  
**1995**

# **TRADE UNION APPLIES FOR ESTABLISHMENT OF A STATUTORY COUNCIL**



## **READ THIS FIRST**



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

This form is an application by a representative trade union which wants to establish a statutory council. A representative trade union means a registered trade union, or two or more registered trade unions acting jointly whose members constitute at least 30% of the employees in a sector and area. There can be no other council registered for that sector or area.

### **WHO FILLS IN THIS FORM?**

The Secretary of the trade union.

### **WHERE DOES THIS FORM GO?**

The Registrar of Labour Relations,  
 c/o the Director General,  
 Department of Labour,  
 Private Bag X117,  
 Pretoria 0001.  
 Fax 012-3094156.

### **OTHER INSTRUCTIONS**

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

## **1) TRADE UNION DETAILS**

Name: .....

Address: .....

.....

.....

.....

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

## **2) PROPOSED SCOPE**

Describe the character of the sector: .....

.....

.....

.....

.....

.....

Area: .....

.....

.....

.....

.....

.....

.....

... please turn over →

LRA Form 3.14

Trade union applies for establishment of a statutory council

Page 2 of 3

# REPRESENTATIVENESS OF THE TRADE UNION

Name of Trade Union .....

## Areas

(state each area separately, indicating whether magisterial district, province or other)

[illegible]

... please turn over →



LRA Form 3.14

Trade union applies for establishment of a statutory council

Page 3 of 3

Signature of Secretary of trade union .....

Name .....

Date .....

**DEPARTMENT OF LABOUR DETAILS**

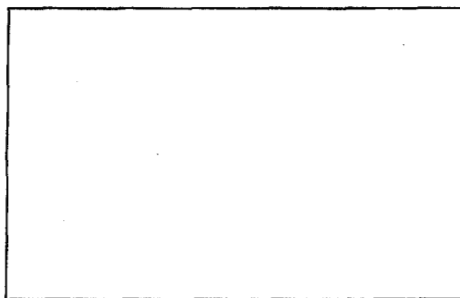
I, ....., duly authorised thereto in terms of Regulation 7(2), have  
(name of official)

checked the information and certify that it is substantially correct.

Signature: .....

Date: .....

Place: .....



(Official stamp)

**LRA Form 3.15****Section 39(2)****Labour Relations Act,  
1995****READ THIS FIRST****WHAT IS THE PURPOSE OF  
THIS FORM?**

This form is an application by a representative employers' organisation which wants to establish a statutory council. A representative employers' organisation means a registered employers' organisation, or two or more registered employers' organisations acting jointly, whose combined employees constitute at least 30% of the employees in a sector and area. There can be no other council registered for that sector or area.

**WHO FILLS IN  
THIS FORM?**

The Secretary of the employers' organisation.

**WHERE DOES THIS  
FORM GO?**

The Registrar of Labour Relations, c/o the Director General, Department of Labour,  
Private Bag X117, Pretoria,  
0001.  
Fax 012-3094156.

**OTHER INSTRUCTIONS**

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

## **EMPLOYERS' ORGANISATION APPLIES FOR ESTABLISHMENT OF A STATUTORY COUNCIL**



**APPLICATION BY REPRESENTATIVE EMPLOYERS' ORGANISATION TO REGISTRAR  
IN TERMS OF SECTION 39(2) FOR ESTABLISHMENT OF STATUTORY COUNCIL**

**1) EMPLOYERS' ORGANISATION DETAILS**

Name: .....

Address: .....

.....

.....

.....

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

**2) PROPOSED SCOPE**

Describe the character of the sector: .....

.....

.....

.....

.....

Area: .....

.....

.....

.....

.....

.....

... please turn over →





LRA Form 3.15  
Employers' organisation applies for establishment of a statutory council  
Page 3 of 3

Signature of Secretary of employers' organisation .....

Name .....

Date .....

**DEPARTMENT OF LABOUR DETAILS**

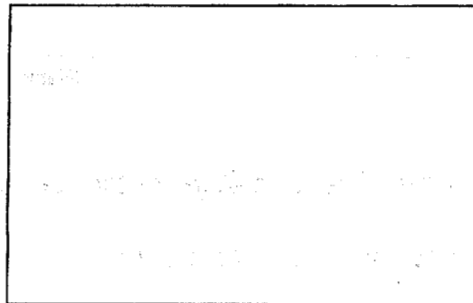
I, .....  
(name of official) ..... , duly authorised thereto in terms of Regulation 7(2), have

checked the information and certify that it is substantially correct.

Signature: .....

Date: .....

Place: .....



(Official stamp)

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



## CERTIFICATE OF REGISTRATION OF A STATUTORY COUNCIL

This is to certify that the .....

.....

.....

(Name of statutory council)

has in terms of section 42(a) of the Labour Relations Act 1995, been registered as a  
statutory council with effect from .....

(date)

The scope of the statutory council is .....

.....

.....

.....

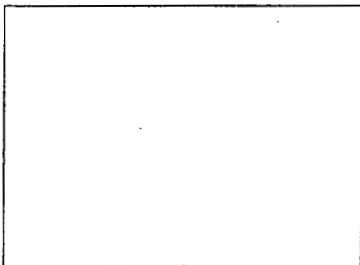
(Sector)

in .....

.....

.....

(Area)



(Official stamp of Registrar)

Date: .....

Reference No. ....

.....  
Registrar of Labour Relations

LRA Form 3.17

Section 44(1) read with  
section 44(2)  
Labour Relations Act, 1995

# SUBMISSION OF COLLECTIVE AGREEMENT OF STATUTORY COUNCIL TO MINISTER FOR PROMULGATION AS A DETERMINATION



READ THIS FIRST



## WHAT IS THE PURPOSE OF THIS FORM?

A statutory council that is not sufficiently representative within its registered scope may submit a collective agreement as a recommendation to the Minister for promulgation as a determination under the Basic Conditions of Employment Act, 1997.

## WHO FILLS IN THIS FORM?

The Secretary of a statutory council.

## WHERE DOES THIS FORM GO?

To the Minister of Labour, c/o the  
Director General, Department of  
Labour, Private Bag X117, Pretoria  
0001.

Fax 012-309 4156.

## OTHER INSTRUCTIONS

- Two completed forms of this form must be sent to the Director-General, Department of Labour.
- Proof of compliance with Section 54(3) of the BCEA, 1997, must be attached to this form.
- Three copies of the collective agreement must be sent with this form.

## STATUTORY COUNCIL DETAILS

We,

.....  
(name of statutory council)

submit the collective agreement entered into on .....  
(date)

to the Minister for promulgation as a determination under the Basic Conditions of  
Employment Act, 1997 (BCEA, 1997).

We have complied with section 54(3) of the BCEA, 1997 as follows:

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

(describe details of compliance)

Signature of Secretary: .....

Name: .....

Date: .....

## CHECK!

Have you prepared proof of compliance with section 54(3) of the BCEA, 1997?  
Have you prepared three copies of the collective agreement?



**LRA Form 3.18**  
**Section 44(5)**  
**Labour Relations Act, 1995**

# **STATUTORY COUNCIL REQUESTS MINISTER TO AMEND OR EXTEND PERIOD OF DETERMINATION**

## **READ THIS FIRST**



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

A statutory council may submit a proposal to the Minister to amend or extend the period of any determination. Examples of a determination are an educational training scheme, a provident fund or any other collective agreement entered into between the representatives or parties to a statutory council. The Minister may make the amendment by Notice in the Government Gazette.

### **WHO FILLS IN THIS FORM?**

The Secretary of the statutory council.

### **WHERE DOES THIS FORM GO?**

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

### **OTHER INSTRUCTIONS**

Two completed copies of this form must be sent to the Minister.

## **1) STATUTORY COUNCIL DETAILS**

Name and address

.....  
 .....

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

## **2) SUBMISSION**

We, ....., submit the following proposal to  
 (name)

the Minister to amend a determination or extend the period of determination.

The Determination was published in Government Gazette .....  
 (Ref.)

on .....  
 (date)

Details of proposal: .....

.....  
 .....

We request that the Minister publish this amendment or extension in the Government Gazette.

Signature of Secretary of Council: .....

Name: .....

Date: .....

**LRA Form 3.19**  
**Section 48(1)**  
**Labour Relations Act,**  
**1995**

# **STATUTORY COUNCIL APPLIES TO REGISTER AS A BARGAINING COUNCIL**



## **READ THIS FIRST**



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

This form is an application by a statutory council to register as a Bargaining Council. The Registrar will have to establish whether the parties to the council are sufficiently representative and whether adequate provision is made in the proposed constitution of the Bargaining Council for the representation of small and medium enterprises.

### **WHO FILLS IN THIS FORM?**

The Secretary of the statutory council.

### **WHERE DOES THIS FORM GO?**

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

### **OTHER INSTRUCTIONS**

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

## **1) STATUTORY COUNCIL DETAILS**

Name: .....

Address: .....

.....

.....

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

We have complied with all the provisions in our council's constitution in order to apply for registration as a Bargaining Council.

The Registration Number of this statutory council is .....

## **2) PARTIES**

Employers' organisations	Trade unions

... please turn over →

[illegible]

**... please turn over →**

Name of Trade Union .....

### Statutory Council applies to register as a Bargaining Council

[illegible]

**... please turn over →**



▪ Three signed copies of the proposed constitution of the Bargaining Council must be attached.

▪ Each employers' organisation which is party to the Bargaining Council must fill in page 2 of 4.

▪ Each trade union which is party to the Bargaining Council must fill in page 3 of 4.

#### CHECK

Have you prepared two copies of this form?

Have you attached three copies of the constitution of the Bargaining Council?

Have you filled in the representativeness tables?

#### 3) REPRESENTATIVENESS

\_\_\_\_\_ Total number of employees falling within the scope of the council and who belong to the trade unions that are party to the council.

\_\_\_\_\_ Total number of employers falling within the scope of the council and who belong to the employers' organisations that are party to the council.

\_\_\_\_\_ Total number of employees employed within the scope of the council by the employers who belong to the employers' organisations that are party to the council.

\_\_\_\_\_ Total number of employers within the scope of the council.

\_\_\_\_\_ Total number of employees employed within the scope of the council.

Signature of Secretary of Council .....

Name .....

Date .....

#### DEPARTMENT OF LABOUR DETAILS

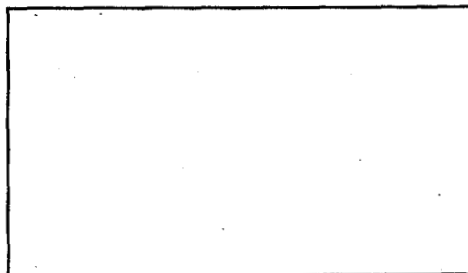
I, \_\_\_\_\_, duly authorised thereto in terms of Regulation 7(2), have  
(name of official)

checked the information and certify that it is substantially correct.

Signature: .....

Date: .....

Place: .....

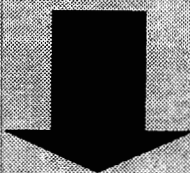


(Official stamp)

LRA Form 3.20

Labour Relations Act, 1995

READ THIS FIRST

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

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

**WHO FILLS IN THIS FORM?**

The Secretary of the Council

**WHERE DOES THIS FORM GO?**

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

**OTHER INSTRUCTIONS**

- Two completed copies of this form must be sent to the Registrar.
- Each employers' organisation which is party to the Council must fill in page 2.
- Each trade union which is party to the Council must fill in page 3.

# **COUNCIL SUBMITS PARTICULARS OF REPRESENTATIVENESS OF ITS REGISTERED SCOPE**



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

**1) COUNCIL DETAILS**

Name and address:

.....

.....

.....

.....

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

**2) REPRESENTATIVENESS**

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

.....

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

.....

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

.....

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

.....

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

.....

please turn over →

## Name of Employers' Organisation

[illegible]

**... please turn over →**

Name of Trade Union .....

[illegible]

**... please turn over →**

LRA Form 3.20

Council submits particulars of representativeness of its registered scope

Page 4 of 4

Signature of Secretary: .....

Name: .....

Date: .....

---

DEPARTMENT OF LABOUR DETAILS

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

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

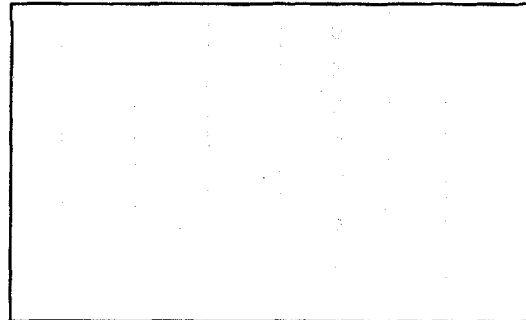
.....

(date of council details)

Signature: .....

Today's date: .....

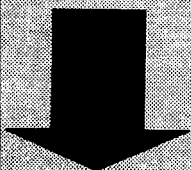
Place: .....



(Official stamp)

LRA Form 3.20 A  
Labour Relations Act, 1995

READ THIS FIRST



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

This form provides the Registrar with information to determine the representativeness of parties to an agreement that has been extended to non-parties.

**WHO FILLS IN THIS FORM?**

The Secretary of the Council

**WHERE DOES THIS FORM GO?**

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

**OTHER INSTRUCTIONS**

- Two completed copies of this form must be sent to the Registrar.
- Each employers' organisation which is party to the agreement must fill in page 2.
- Each trade union which is party to the agreement must fill in page 3.

## **COUNCIL SUBMITS PARTICULARS OF REPRESENTATIVENESS OF PARTIES TO A COLLECTIVE AGREEMENT**



**PARTICULARS OF REPRESENTATIVENESS OF COUNCIL TO BE SUBMITTED TO REGISTRAR FOR PURPOSE OF DETERMINING THE REPRESENTATIVENESS OF PARTIES TO A COLLECTIVE AGREEMENT IN TERMS OF SECTION 49(2)**

### **1) COUNCIL DETAILS**

Name and address:

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

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

### **2) REPRESENTATIVENESS OF THE PARTIES TO THE COUNCIL'S ..... AGREEMENT AS PUBLISHED IN GOVERNMENT GAZETTE NO.: ..... DATED .....**

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

.....

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

.....

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

.....

Total number of employees employed within the scope of the agreement:

.....

Total number of employers operating within the scope of the agreement:

.....

please turn over →



*Council submits particulars of representativeness of parties to agreement*  
Page 3 of 4

[illegible]

... please turn over →



LRA Form 3.20A

*Council submits particulars of representativeness of parties to agreement*  
Page 4 of 4

Signature of Secretary: .....

Name: .....

Date: .....

---

DEPARTMENT OF LABOUR DETAILSI, ....., duly authorised thereto in terms of Regulation 7(2), have  
(name of official)

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

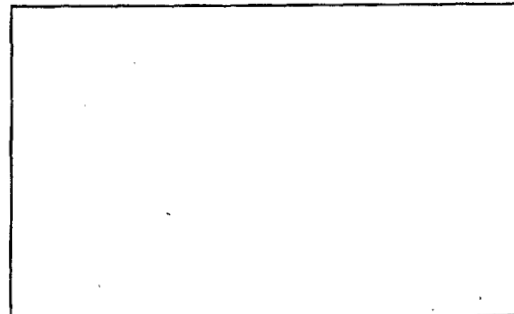
.....

(date of council details)

Signature: .....

Today's date: .....

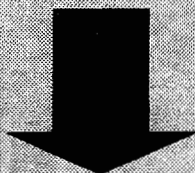
Place: .....



(Official stamp)

LRA Form 3.20 B  
Labour Relations Act, 1995

READ THIS FIRST



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

Every bargaining council must supply the information required on this form to the Registrar of Labour Relations annually by January covering the previous calendar year ending 31 December

**WHO FILLS IN THIS FORM?**

The Secretary of the Council

**WHERE DOES THIS FORM GO?**

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

**OTHER INSTRUCTIONS**

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

# **COUNCIL SUBMITS PARTICULARS OF SMALL ENTERPRISES**

**DUTY TO PROVIDE INFORMATION TO REGISTRAR  
[SECTION 54(2)(f)]**



## **1. BARGAINING COUNCIL DETAILS**

**Name of Council:** .....

**Address:** .....  
.....  
.....  
.....

**Secretary:** .....

**Contact number:** .....

**E-mail address:** .....

## **2. COUNCIL'S DEFINITION OF SMALL ENTERPRISE**

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

## **3. EMPLOYMENT WITHIN COUNCIL'S JURISDICTION**

..... employers employing a total of .....  
employees are within the registered scope of the Council.

**please turn over →**

#### 4. INFORMATION ON SMALL ENTERPRISES FALLING WITHIN REGISTERED SCOPE OF COUNCIL

How many small enterprises –

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

Of those employees, how many are –

- employed by members of the .....  
employer parties to the Council?
- party trade union members? .....

#### 5. APPLICATIONS FOR EXEMPTION

Applications by parties to the Council

Size by number of employees	9 or less	10 - 49	50 - 99	100	101 - 500	500 or more
Total applications						
Granted						
Refused						
Under consideration						

Applications by non-parties

Size by number of employees	9 or less	10 - 49	50 - 99	100	101 - 500	500 or more
Total applications						
Granted						
Refused						
Under consideration						

## 6. REPRESENTATION OF SMALL ENTERPRISES

Do small enterprises have representatives on the Council? .....

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

Do small enterprises have representatives on the Exemption Board? .....

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

\*Do small enterprises have representatives on the boards of Council's Funds? .....

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

\*Note: Submit particulars i.r.o. each fund

.....  
**Signature of Secretary of Council**

**Date:** .....

.....

.....

.....

Registrar of Labour Relations

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



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

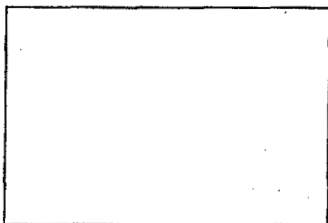
The Secretary

Bargaining Council

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

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

1. On the ..... there were .....  
(date) (number)  
employees employed within the scope of the Agreement.
2. On the ..... there were ..... members of  
(date) (number)  
the trade unions that were party to the Council who employed within the scope of the Agreement.
3. On the ..... there were ..... employees  
(date) (number)  
employed within the scope of the Agreement by members of the employers' organisations, party to the Agreement.



(Official stamp)

Date:.....

Reference no.:.....

.....  
Registrar of Labour Relations



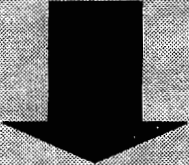
## **COUNCIL APPLIES FOR VARIATION OF SCOPE OF REGISTRATION**

**APPLICATION BY COUNCIL FOR VARIATION OF SCOPE OF  
REGISTRATION BY THE REGISTRAR IN TERMS OF SECTION 58**

**LRA Form 3.22**

**Labour Relations Act, 1995**

**READ THIS FIRST**



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

This form is an application by a Council to vary its scope of registration. The Council thinks that its sector and area which made up its previous scope has changed. The scope of registration can be increased or decreased.

### **WHO FILLS IN THIS FORM?**

The Secretary of the Council.

### **WHERE DOES THIS FORM GO?**

To the Registrar of Labour Relations, c/o the Director General, Department of Labour, Private Bag X117, Pretoria 0001  
Fax No. 012 - 309 4156

### **OTHER INSTRUCTIONS**

Each trade union and each employers' organisation which is party to the Council must fill in their respective representativeness tables. These tables must accompany this form.

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

### **1) COUNCIL DETAILS**

Name and address: .....

.....

.....

### **2) PROPOSED VARIATION OF SCOPE**

This Council applies for the variation of its registered scope to

.....

.....

.....

.....

.....

(insert character of sector which has been increased or decreased)

within the following area(s)

.....

.....

.....

.....

.....

... please turn over →

LRA Form 3.22

### Council applies for variation of scope of Registration

Page 2 of 4

## REPRESENTATIVENESS OF EMPLOYERS' ORGANISATION

Name of Employers' Organisation

[illegible]

... please turn over →





LRA Form 3.22

Council applies for variation of scope of Registration

Page 4 of 4

**5) REPRESENTATIVENESS OF THE COUNCIL**

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

.....

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

.....

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

.....

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

.....

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

.....

Signature of Secretary: .....

Name: .....

Date: .....

---

**DEPARTMENT OF LABOUR DETAILS**

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

7(2), have checked the information and am satisfied that the information was substantially correct as at

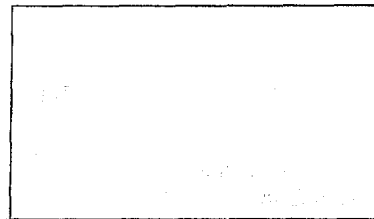
.....

(date of council details)



Signature: .....

Today's date: .....

Place: .....



Official stamp

<p><b>LRA Form 3.23</b>  <b>Section 62(1)</b>  <b>Labour Relations Act,</b>  <b>1995</b></p> <p style="text-align: center;"><b>Read This First</b></p> <div style="text-align: center;">  </div> <p><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p>This form is an application by a party to the CCMA to settle a demarcation dispute.</p> <p>The demarcation dispute could be:</p> <ol style="list-style-type: none"> <li>a) whether any employees or employers work in a sector or area;</li> <li>b) whether any provision in an arbitration award, collective agreement or wage determination is or was binding on any employees or employers.</li> </ol> <p><b>WHO FILLS IN THIS FORM?</b></p> <ul style="list-style-type: none"> <li>▪ Any registered trade union,</li> <li>▪ Employee,</li> <li>▪ Employer,</li> <li>▪ Registered employers' organisation, or</li> <li>▪ Council.</li> </ul> <p><b>OTHER PARTIES</b></p> <p>If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate piece of paper and attach details to this form.</p>	<div style="text-align: center;">  <p style="font-size: small; text-align: center;">COMMISSION FOR CONCILIATION, MEDIATION &amp; ARBITRATION</p> </div> <h2 style="text-align: center; margin: 10px 0;">APPLICATION ABOUT DEMARCATIION DISPUTE</h2> <p><b>1. APPLICANT DETAILS</b></p> <p>Name : .....</p> <p>Postal Address: .....</p> <p>Tel:..... Fax:.....</p> <p>Cell:..... Email:.....</p> <p>Contact Person: .....</p> <p>Reference Number: .....</p> <p><b>2. DETAILS OF OTHER PARTIES</b></p> <p>Name : .....</p> <p>Postal Address: .....</p> <p>Tel:..... Fax:.....</p> <p>Cell:..... Email:.....</p> <p>Contact Person: .....</p> <p>Reference Number: .....</p> <p>Name : .....</p> <p>Postal Address: .....</p> <p>Tel:..... Fax:.....</p> <p>Cell:..... Email:.....</p> <p>Contact Person: .....</p> <p>Reference Number: .....</p>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">CCMA Ref. Number.....</td> <td style="width: 30%; border: none; text-align: right;">           Please turn over →         </td> </tr> </table>		CCMA Ref. Number.....	Please turn over →
CCMA Ref. Number.....	Please turn over →		

**OTHER INSTRUCTIONS**

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

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

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

Attach copies of relevant collective agreements.

Attach proof of service that a copy has been served on NEDLAC.

**WHERE DOES THIS FORM GO?**

- NEDLAC; and
- The Registrar, Provincial Office of the CCMA. Please refer to the last page for details.

**3. DETAILS OF SECTOR (S) AND AREA (S) INVOLVED IN THIS DEMARCATION APPLICATION**

.....

.....

.....

.....

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.....

**4. DESCRIPTION OF ISSUE (S) IN DISPUTE**

.....

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Please turn over



**5. DEMARCATION SOUGHT**

.....

.....

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**6. MOTIVATION FOR DETERMINATION SOUGHT**

.....

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.....

.....

.....

**7. ATTACH COPIES OF RELEVANT COLLECTIVE AGREEMENTS****8. CONFIRMATION OF ABOVE DETAILS:**

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

Signature: .....

Position: .....

Date: .....

Place: .....

**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?

Please turn over



## PROVINCIAL OFFICES OF THE CCMA

**CCMA EASTERN CAPE**

107 Govan Mbeki Street

**PORT ELIZABETH**

Private Bag X22500, PORT ELIZABETH, 6000

Tel: (041) 505 4300

Fax: (041) 586-4585

Email: [PE@ccma.org.za](mailto:PE@ccma.org.za)**CCMA FREE STATE**

NBS Building,

Cnr Elizabeth &amp; Westburger Street

**BLOEMFONTEIN**

Private Bag X20705, BLOEMFONTEIN, 9300

Tel: (051) 505-4400

Fax: (051) 448-4468/9

Email: [BLM@ccma.org.za](mailto:BLM@ccma.org.za)**CCMA MPUMALANGA**

Foschini Centre

Eadie Street

Private Bag X7290, WITBANK, 1035

Tel: (013) 656-2800

Fax: (013) 656-2885/6

Email: [WTB@ccma.org.za](mailto:WTB@ccma.org.za)**CCMA GAUTENG**

CCMA House, 20 Anderson Street,

**JOHANNESBURG**

Private Bag X94, MARSHALLTOWN, 2107

Tel: (011) 377-6600

Fax: (011) 377-6678/58/80

Email: [GAUTENG@ccma.org.za](mailto:GAUTENG@ccma.org.za)**CCMA NORTH WEST PROVINCE**

CCMA House 47 Siddle Street,

**KLERKSDORP**

Private Bag X5004, KLERKSDORP, 2571

Tel: (018) 464-0700

Fax: (018) 462-4126

Email: [KDR@ccma.org.za](mailto:KDR@ccma.org.za)**CCMA KWAZULU NATAL**

Garlicks Chambers, 61 Field Street,

**DURBAN**

Private Bag X54363, DURBAN, 4000

Tel: (031) 362 - 2300

Fax: (031) 306-5402

Email: [KZN@ccma.org.za](mailto:KZN@ccma.org.za)**CCMA NORTHERN CAPE**

CCMA House, 1A Bean Street

**KIMBERLEY**

Private Bag X6100, KIMBERLEY, 8300

Tel: (053) 831-6780

Fax: (053) 831-5947/8

Email: [KMB@ccma.org.za](mailto:KMB@ccma.org.za)**CCMA LIMPOPO**

CCMA House, 104 Hans van Rensburg Street,

**POLOKWANE**

Private Bag X9512, POLOKWANE, 0700

Tel: (015) 297-5010

Fax: (015) 297-1649

Email: [PTB@ccma.org.za](mailto:PTB@ccma.org.za)**CCMA WESTERN CAPE**

CCMA House, 78 Darling Street,



**CAPE TOWN**

Private Bag X9167, CAPE TOWN, 8000

Tel: (021) 469-0111

Fax: (021) 465-7197 or 465-7193

Email: [CTN@ccma.org.za](mailto:CTN@ccma.org.za)

<p><b>LRA Form 4.1</b>  <b>Section 69(4)</b>  <b>Labour Relations Act,</b>  <b>1995</b></p>	<p align="center"><b>REQUEST TO ESTABLISH PICKETING RULES</b></p>		
<p><b>Read This First</b></p>  <p><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p>This form is a request by a party to the CCMA to secure agreement on picketing rules during a strike or lockout.</p> <p><b>WHO FILLS IN THIS FORM?</b></p> <p>A registered trade union or employer.</p> <p><b>WHERE DOES THIS FORM GO?</b></p> <p>The Registrar, Provincial Office of the CCMA. Please refer to the last page for details.</p> <p><b>OTHER INSTRUCTIONS</b></p> <p>A copy of this form must be served on the other party. Proof that a copy of this form has been served on the other party must be supplied by attaching:</p> <ul style="list-style-type: none"> <li>▪ A copy of a registered slip from the Post Office;</li> <li>▪ A copy of a signed receipt if hand delivered;</li> <li>▪ A signed statement confirming service by the person delivering the form;</li> <li>▪ A copy of a fax confirmation slip; or</li> <li>▪ Any other satisfactory proof of service.</li> </ul> <p>If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate piece of paper and attach details to this form.</p>	<p><b>1. PARTY MAKING REQUEST</b></p> <p>Name : .....</p> <p>Postal Address: .....</p> <p>Tel:..... Fax:.....</p> <p>Contact Person: .....</p> <p>Reference Number: .....</p> <p>Details of Request .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><b>2. OTHER PARTY'S DETAILS</b></p> <p>Name : .....</p> <p>Postal Address: .....</p> <p>Tel:..... Fax:.....</p> <p>Contact Person: .....</p> <p>Reference Number: .....</p>		<p><b>CCMA Ref. Number</b> .....</p> <p><b>Please turn over</b></p> <p align="center">→</p>

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

Yes

☐

No

☐

If so, provide reasons.

.....

.....

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.....

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**4. PROVIDE DETAILS OF THE DISPUTE OVER PICKETING RULES**

.....

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

.....

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**6. CONFIRMATION OF ABOVE DETAILS:**

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

Signature:.....

Position:.....

Date:.....

Place:.....

Please turn over



## PROVINCIAL OFFICES OF THE CCMA

**CCMA EASTERN CAPE**

107 Govan Mbeki Street

**PORT ELIZABETH**

Private Bag X22500, PORT ELIZABETH, 6000

Tel: (041) 505 4300

Fax: (041) 586-4585

Email: [PE@ccma.org.za](mailto:PE@ccma.org.za)

**CCMA MPUMALANGA**

Foschini Centre

Eadie Street

Private Bag X7290, WITBANK, 1035

Tel: (013) 656-2800

Fax: (013) 656-2885/6

Email: [WTB@ccma.org.za](mailto:WTB@ccma.org.za)

**CCMA FREE STATE**

NBS Building,

Cnr Elizabeth & Westburger Street

**BLOEMFONTEIN**

Private Bag X20705, BLOEMFONTEIN, 9300

Tel: (051) 505-4400

Fax: (051) 448-4468/9

Email: [BLM@ccma.org.za](mailto:BLM@ccma.org.za)

**CCMA NORTH WEST PROVINCE**

CCMA House 47 Siddle Street,

**KLERKSDORP**

Private Bag X5004, KLERKSDORP, 2571

Tel: (018) 464-0700

Fax: (018) 462-4126

Email: [KDR@ccma.org.za](mailto:KDR@ccma.org.za)

**CCMA GAUTENG**

CCMA House, 20 Anderson Street,

**JOHANNESBURG**

Private Bag X94, MARSHALLTOWN, 2107

Tel: (011) 377-6600

Fax: (011) 377-6678/58/80

Email: [GAUTENG@ccma.org.za](mailto:GAUTENG@ccma.org.za)

**CCMA NORTHERN CAPE**

CCMA House, 1A Bean Street

**KIMBERLEY**

Private Bag X6100, KIMBERLEY, 8300

Tel: (053) 831-6780

Fax: (053) 831-5947/8

Email: [KMB@ccma.org.za](mailto:KMB@ccma.org.za)

**CCMA KWAZULU NATAL**

Garlicks Chambers, 61 Field Street,

**DURBAN**

Private Bag X54363, DURBAN, 4000

Tel: (031) 362 - 2300

Fax: (031) 306-5402

Email: [KZN@ccma.org.za](mailto:KZN@ccma.org.za)

**CCMA WESTERN CAPE**

CCMA House, 78 Darling Street,

**CAPE TOWN**

Private Bag X9167, CAPE TOWN, 8000

Tel: (021) 469-0111

Fax: (021) 465-7197 or 465-7193

Email: [CTN@ccma.org.za](mailto:CTN@ccma.org.za)

**CCMA LIMPOPO**

CCMA House, 104 Hans van Rensburg Street,

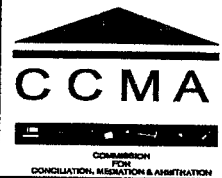
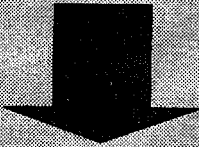
**POLOKWANE**

Private Bag X9512, POLOKWANE, 0700

Tel: (015) 297-5010

Fax: (015) 297-1649

Email: [PTB@ccma.org.za](mailto:PTB@ccma.org.za)

**LRA Form 4.2****Section 73(1)****Labour Relations Act,  
1995****REFERRING DISPUTES FOR  
DETERMINATION AS AN  
ESSENTIAL SERVICE****Read This First****WHAT IS THE PURPOSE OF  
THIS FORM?**

This form is an application to the CCMA for a determination that a service is an essential service or that a person works in an essential service. An essential service means a service, which, if interrupted, would endanger the life or health of people. Parliamentary services, the South African Police Service and, as at August 2002, other services identified in GN18043 dated 6.6.97, GN18276 dated 12.4.97 and GN22670 dated 21.9.01 are defined as essential services.

**WHO FILLS IN THIS FORM?**

Any party to the dispute.

**OTHER PARTIES**

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

**1. APPLICANT DETAILS**

Name: .....

Postal Address: .....

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

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

Contact Person: .....

Reference Number: .....

**2. DETAILS OF THE OTHER PARTY**

Name: .....

Postal Address: .....

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

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

Contact Person: .....

Reference Number: .....

ESC Ref. Number.....

Please turn over



### WHERE DOES THIS FORM GO?

Essential services  
committee  
c/o CCMA House  
20 Anderson Street  
Johannesburg, 2001  
Private Bag X94  
Marshalltown, 2107

Tel: (011) 377-6650  
Fax: (011) 834-7386  
E-mail: ho@CCMA.org.za

### OTHER INSTRUCTIONS

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

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

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

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

### 3. DESCRIPTION OF ISSUE (S) IN DISPUTE

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### 4. DETERMINATION SOUGHT

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### 5. CONFIRMATION OF ABOVE DETAILS:

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

Signature: .....

Position: .....

Date: .....

LRA Form 4.3  
Section 75(2)  
Labour Relations Act,  
1995

## EMPLOYER APPLIES FOR MAINTENANCE SERVICE DETERMINATION



Read This First



### WHAT IS THE PURPOSE OF THIS FORM?

This form is an application, by an employer, to the essential services committee for a determination that the whole, or part of the employer's business, is a maintenance service.

A service is a maintenance service if the interruption of that service has the effect of material or physical destruction to any working area, factory or machinery.

### WHO FILLS IN THIS FORM?

An employer.

### WHERE DOES THIS FORM GO?

Essential Services  
Committee  
c/o CCMA House  
20 Anderson Street  
Johannesburg, 2001  
Private Bag X94  
Marshalltown, 2107

Tel: (011) 377-6650  
Fax: (011) 834-7386  
E-mail: ho@CCMA.org.za

### 1. EMPLOYER DETAILS

Name: .....

Postal Address: .....

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

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

Contact Person: .....

Reference Number: .....

### 2. OTHER PARTY DETAILS

Name: .....

Postal Address: .....

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

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

Contact Person: .....

Reference Number: .....

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.

ESC Ref. Number .....

Please turn over →

**OTHER INSTRUCTIONS**

Any other interested parties may, within 21 days of receipt of this application, send a response to the Essential Services Committee.

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

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

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

**(CHECK)**

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

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

**3. DESCRIPTION OF MAINTENANCE SERVICES**

.....

.....

.....

.....

.....

**4. DETERMINATION SOUGHT**

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**5. MOTIVATION FOR DETERMINATION SOUGHT**

(Use a separate sheet of paper if necessary)

.....

.....

.....

.....

.....

**6. NUMBER OF EMPLOYEES**

Number of employees engaged in the maintenance service.....

.....

Number of employees not engaged in the maintenance service.....

.....

**7. CONFIRMATION OF ABOVE DETAILS:**

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

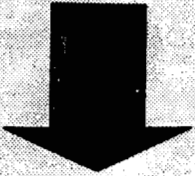
Signature: .....

Position: .....

Date: .....

LRA Form 4.4  
Labour Relations Act, 1995

### READ THIS FIRST



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

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

#### WHO FILLS IN THIS FORM?

The Secretary of a trade union or trade union federation.

#### WHERE DOES THIS FORM GO?

Executive Director, NEDLAC,  
P.O. Box 443, Auckland Park,  
2006.

## NOTICE TO NEDLAC ABOUT POSSIBLE PROTEST ACTION



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

#### 1) PROTEST ACTION DETAILS

We, .....

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

intend protesting because .....

.....  
(give reasons)

We will protest by .....

.....  
(describe nature of protest)

The protest is directed at .....

.....  
(name and address of other party)

#### 2) GENERAL

Address of union/federation: .....

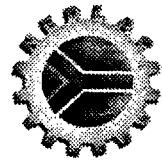
Tel: ..... Fax: .....

Signature of Secretary: .....

Name: .....

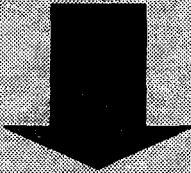
Date: .....





**LRA Form 4.5**  
**Labour Relations Act, 1995**

**READ THIS FIRST**



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

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

**WHO FILLS IN THIS FORM?**

The Secretary of the trade union or trade union federation.

**WHERE DOES THIS FORM GO?**

Executive Director, NEDLAC,  
P O Box 443, Auckland Park,  
2006.

**OTHER INSTRUCTIONS**

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

## **NOTICE TO NEDLAC OF INTENTION TO PROCEED WITH PROTEST ACTION**

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

### **1) PROTEST ACTION DETAILS**

We, .....

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

intend to proceed with the protest action of which notice was served on

NEDLAC on .....  
(date)

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

### **2) GENERAL**

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

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

Signature of Secretary: .....

Name: .....

Date: .....

LRA Form 4.6  
Labour Relations Act, 1995

## SUBPOENA BY ESSENTIAL SERVICES COMMITTEE



### SUBPOENA IN TERMS OF REGULATION 4(1) OF THE ESSENTIAL SERVICES COMMITTEE REGULATIONS

To: .....

.....

.....

(name and address of person subpoenaed)

You are required to appear in person before the essential services committee at .....

.....

.....

.....

(address)

on (date)..... at (time) and on any subsequent day to which the proceedings or investigations may be postponed.

You are subpoenaed in terms of regulation 4(1) of the Essential Services Committee Regulations:

- ☐ For questioning
- ☐ To produce any book, document or object
- ☐ To give evidence

A copy of the regulations are attached.

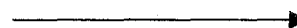
You must bring and produce the books, documents or objects listed below:.....

.....

.....

.....

ESC Ref. No..... Please turn over .





The essential services committee has been established in terms of section 70(1) of the Labour Relations Act, 1995 (Act No 66 of 1995)

1. The committee is authorised in terms of sections 70(2)(a), 70(3) and 71(1) to conduct an investigation as to whether or not the whole or a part of a service is an essential service.

The ..... Service is under investigation by the committee.  
(name of service)

The nature of the service is:

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

The service is performed in the following area/s:

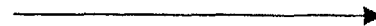
.....  
.....  
.....  
.....

2. The committee is authorised in terms of section 71(9) to vary or cancel the designation of the whole or part of a service as an essential service.

The nature of the service is:

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

Please turn over



The service is performed in the following area/s:

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

☐ The following may be varied:

Section/s .....  
(number)

☐ The following may be cancelled:

Section/s .....  
(number)

3. The committee is authorised in terms of section 72 to ratify any collective agreement that provides for the maintenance of minimum services in a service designated as an essential service.

The collective agreement between:

.....  
(name of party)

and

.....  
(name of other party)

that provides for the maintenance of minimum services in the .....  
(name of service)

4. The committee is authorised in terms of sections 70(2)(b) and 73 to determine disputes:

☐ As to whether or not the whole or a part of a service is an essential service

☐ Whether or not an employee or employer is engaged in a service designated as an essential service.

The dispute concerns .....  
.....  
.....  
.....  
.....

Please turn over



The dispute is between .....  
(name of party)  
and .....  
(name of other party)  
.....

5. The committee is authorised in terms of section 75(4) to determine whether or not the whole or a part of an employer's business or service is a maintenance service.

The ..... Service is under investigation by the committee.  
(name of service)

The nature of the business or service is:  
.....  
.....  
.....  
.....

The employer is.....

The interested parties are.....

The business or service takes place at .....

The determination sought is .....  
.....

Signed by the Director of the Commission: .....

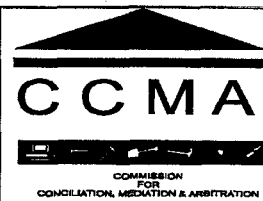
Name : .....

Date : .....

Place : .....

LRA form 4.7  
Section 70(3)  
Labour Relations Act 1995

## BARGAINING COUNCIL REQUEST FOR ESSENTIAL SERVICE INVESTIGATION



### READ THIS FIRST



### WHAT IS THE PURPOSE OF THIS FORM?

This form is a request to the essential services committee to conduct an investigation as to whether the whole or part of any service is an essential service. An essential service means a service, which, if interrupted, would endanger the life or health of people.

### WHO FILLS IN THIS FORM?

The Secretary of the Bargaining Council.

### WHERE DOES THIS FORM GO?

Essential Services Committee:  
C/o CCMA House  
20 Anderson Street  
Johannesburg 2001  
Private Bag X94  
Marshalltown, 2107  
Tel: (011) 377 6650  
Fax: (011) 834 7386  
E-mail: ho@CCMA.org.za

### OTHER INSTRUCTIONS

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

### 1. BARGAINING COUNCIL'S DETAILS

Name .....

Postal Address .....

Contact person .....

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

Cell: ..... E-mail: .....

### 2. DETAILS OF SERVICE TO BE INVESTIGATED

Describe the service:

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

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

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

ESC REF. No. ....

Please turn over



**3. DOES THE SERVICE FALL WITHIN THE JURISDICTION OF THE COUNCIL?****GIVE DETAILS**

.....

.....

.....

.....

.....

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.....

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.....

.....

(use a separate sheet of paper if necessary)

**CHECK!**Have you attached your current  
certificate of accreditation?

Form submitted by:

Name .....

Signature: .....

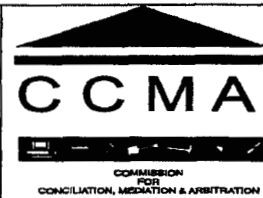
Position: .....

Date: .....

Place: .....

LRA form 4.8  
Section 72  
Labour Relations Act 1995

**REQUEST FOR RATIFICATION  
OF COLLECTIVE AGREEMENT  
PROVIDING FOR MAINTENANCE  
OF MINIMUM SERVICES**



**READ THIS FIRST**



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

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.

**WHO FILLS IN THIS FORM?**

Representatives of the parties to the collective agreement.

**WHERE DOES THIS FORM  
GO?**

Essential services committee  
C/o CCMA House  
20 Anderson Street  
Johannesburg 2001  
Private Bag X94  
Marshalltown, 2107  
Tel: (011) 377 6650  
Fax: (011) 834 7386  
E-mail: ho@CCMA.org.za

**OTHER INSTRUCTIONS**

A copy of the collective agreement must accompany this form.

**1. DETAILS OF THE PARTIES TO THE AGREEMENT**

**Employer Parties**

Name.....

Postal Address .....

Contact person.....

Reference number: .....

(Use additional paper if necessary)

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

Cell: ..... E-mail: .....

**Trade Union Parties**

Name .....

Postal Address .....

Contact person .....

Reference number: .....

(Use additional paper if necessary)

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

Cell: ..... E-mail: .....

ESC Ref No.....

Please turn over



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

**2. CLAUSE(S) OF THE AGREEMENT PROVIDING FOR MINIMUM SERVICES?**

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

**3. DETAILS OF THE DESIGNATED ESSENTIAL SERVICE**

Describe the designated essential service:

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

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

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

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.....  
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Please turn over





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

## 5 MOTIVATION FOR RATIFICATION

**Please turn over**



**6 IS THIS REQUEST URGENT?**

Yes

☐

No

☐

If yes, explain why it is urgent.

.....

.....

.....

.....

.....

.....

.....

**7 SIGNATORIES****CHECK**Have you attached a copy of  
the collective agreement**Employer Parties**

Name.....

Signature:.....

Position:.....

Date:.....

Tel:.....

Fax: .....

E-mail .....

**Trade Union Parties**

Name.....

Signature:.....

Position:.....

Date:.....

Tel:.....

Fax: .....

E-mail .....

(Use additional paper if necessary)

LRA Form 5.1

Section 80(2)

Labour Relations Act, 1995

# **REPRESENTATIVE TRADE UNION APPLIES TO ESTABLISH A WORKPLACE FORUM**



Read This First



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

This form is an application by one or more representative trade unions for the establishment of a workplace forum. A workplace forum may be established in any workplace with more than 100 employees. This number excludes senior managerial employees. An application may only be made if there is not existing workplace forum established in terms of the Act.

## **WHO FILLS IN THIS FORM?**

A representative trade union.

## **WHERE DOES THIS FORM GO?**

The Registrar, Provincial Office of the CCMA. Please refer to the last page for details.

## **OTHER INSTRUCTIONS**

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

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

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

## **CHECK!**

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

## **1. TRADE UNION DETAILS**

Name: .....

Postal Address: .....

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

Cell: ..... Email: .....

Contact Person (Trade Union): .....

Contact Person (Representative at Workplace): .....

Cell Number: ..... Email: .....

Reference Number: .....

**If more than one party is making the referral write the details on a separate page and attach to this form.**

## **2. EMPLOYERS DETAILS**

Name: .....

Postal Address: .....

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

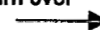
Cell: ..... Email: .....

Contact Person: .....

Reference Number: .....

CCMA Ref. Number .....

Please turn over



**3. WORKPLACE DETAILS**

- a. *Description and Address:*.....  
 .....  
 .....  
 .....  
 .....
- b. *Number of employees (excluding senior managerial employees) at the workplace:* .....
- c. *Number of members of applicant trade unions at the workplace:* .....
- d. *Describe the nature of the work or activities conducted in the workplace:*.....  
 .....  
 .....
- e. *Is there an existing workplace forum in the workplace?*.....

**4. SECTOR**

Sector in which Workplace falls:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Retail sector      | <input type="checkbox"/> Private security             | <input type="checkbox"/> Public service          |
| <input type="checkbox"/> Wholesale          | <input type="checkbox"/> Distribution                 | <input type="checkbox"/> Health                  |
| <input type="checkbox"/> Mining             | <input type="checkbox"/> Metal                        | <input type="checkbox"/> Motor                   |
| <input type="checkbox"/> Food & Beverage    | <input type="checkbox"/> Agriculture                  | <input type="checkbox"/> Building & Construction |
| <input type="checkbox"/> Media & Television | <input type="checkbox"/> Services                     | <input type="checkbox"/> Chemical                |
| <input type="checkbox"/> Contract cleaning  | <input type="checkbox"/> Transport                    | <input type="checkbox"/> Paper & Printing        |
| <input type="checkbox"/> Domestic           | <input type="checkbox"/> Other (please describe)..... |  |

**5. CONFIRMATION OF ABOVE DETAILS:**

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

Signature: .....

Position: .....

Date: .....

Place: .....

Please turn over

## PROVINCIAL OFFICES OF THE CCMA

**CCMA EASTERN CAPE**

107 Govan Mbeki Street

**PORT ELIZABETH**

Private Bag X22500, PORT ELIZABETH, 6000

Tel: (041) 505 4300

Fax: (041) 586-4585

Email: [PE@ccma.org.za](mailto:PE@ccma.org.za)**CCMA MPUMALANGA**

Foschini Centre

Eadie Street

Private Bag X7290, WITBANK, 1035

Tel: (013) 656-2800

Fax: (013) 656-2885/6

Email: [WTB@ccma.org.za](mailto:WTB@ccma.org.za)**CCMA FREE STATE**

NBS Building,

Cnr Elizabeth &amp; Westburger Street

**BLOEMFONTEIN**

Private Bag X20705, BLOEMFONTEIN, 9300

Tel: (051) 505-4400

Fax: (051) 448-4468/9

Email: [BLM@ccma.org.za](mailto:BLM@ccma.org.za)**CCMA NORTH WEST PROVINCE**

CCMA House 47 Siddle Street,

**KLERKSDORP**

Private Bag X5004, KLERKSDORP, 2571

Tel: (018) 464-0700

Fax: (018) 462-4126

Email: [KDR@ccma.org.za](mailto:KDR@ccma.org.za)**CCMA GAUTENG**

CCMA House, 20 Anderson Street,

**JOHANNESBURG**

Private Bag X94, MARSHALLTOWN, 2107

Tel: (011) 377-6600

Fax: (011) 377-6678/58/80

Email: [GAUTENG@ccma.org.za](mailto:GAUTENG@ccma.org.za)**CCMA NORTHERN CAPE**

CCMA House, 1A Bean Street

**KIMBERLEY**

Private Bag X6100, KIMBERLEY, 8300

Tel: (053) 831-6780

Fax: (053) 831-5947/8

Email: [KMB@ccma.org.za](mailto:KMB@ccma.org.za)**CCMA KWAZULU NATAL**

Garlicks Chambers, 61 Field Street,

**DURBAN**

Private Bag X54363, DURBAN, 4000

Tel: (031) 362 - 2300

Fax: (031) 306-5402

Email: [KZN@ccma.org.za](mailto:KZN@ccma.org.za)**CCMA WESTERN CAPE**

CCMA House, 78 Darling Street,

**CAPE TOWN**

Private Bag X9167, CAPE TOWN, 8000

Tel: (021) 469-0111

Fax: (021) 465-7197 or 465-7193

Email: [CTN@ccma.org.za](mailto:CTN@ccma.org.za)**CCMA LIMPOPO**

CCMA House, 104 Hans van Rensburg Street,




**POLOKWANE**

Private Bag X9512, POLOKWANE, 0700

Tel: (015) 297-5010

Fax: (015) 297-1649

Email: [PTB@ccma.org.za](mailto:PTB@ccma.org.za)

<p><b>LRA Form 5.2</b>  <b>Section 81(1)</b>  <b>Labour Relations Act, 1995</b></p>	<p align="center"><b>REPRESENTATIVE          TRADE UNION APPLIES TO          ESTABLISH A TRADE-          UNION BASED WORKPLACE          FORUM</b></p>		
<p align="center"><b>Read This First</b></p>  <p><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p>This form is an application by one or more trade unions, which are recognised by an employer for the purposes of collective bargaining to represent all employees (except senior managerial employees), for the establishment of a workplace forum. An application may only be made if there is no existing forum established in terms of the Act.</p> <p><b>WHO FILLS IN THIS FORM?</b></p> <p>A trade union.</p> <p><b>WHERE DOES THIS FORM GO?</b></p> <p>The Registrar, Provincial Office of the CCMA. Please refer to the last page for details.</p> <p><b>OTHER INSTRUCTIONS</b></p> <p>The union must attach a certified copy of the collective agreement, which shows recognition.</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 sent to the other party must be supplied by attaching:</p> <ul style="list-style-type: none"> <li>▪ A copy of a registered slip from the Post Office;</li> <li>▪ A copy of a signed receipt if hand delivered;</li> <li>▪ A signed statement confirming service by the person delivering the form;</li> <li>▪ A copy of a fax confirmation slip; or</li> <li>▪ Any other satisfactory proof of service.</li> </ul>	<p><b>1. TRADE UNION DETAILS</b></p> <p>Name: .....</p> <p>Postal Address: .....</p> <p>Tel: ..... Fax: .....</p> <p>Cell: ..... Email: .....</p> <p>Contact Person (Trade Union): .....</p> <p>Contact Person (Representative at Workplace): .....</p> <p>Cell: ..... Email: .....</p> <p>Reference Number: .....</p> <p><b>If more than one party is making the referral write the details on a separate page and attach to this form.</b></p> <p><b>2. EMPLOYERS DETAILS</b></p> <p>Name: .....</p> <p>Postal Address: .....</p> <p>Tel: ..... Fax: .....</p> <p>Contact Person: .....</p> <p>Reference Number: .....</p>		
<p>CCMA Ref. Number.....</p>		<p align="center">Please turn over</p> 	

**3. WORKPLACE DETAILS**

a Description and Address: .....

.....

.....

.....

b Number of Employees (excluding Senior Managerial Employees) at the Workplace:.....

c Number of Members of Applicant Unions at the Workplace:.....

d Describe the nature of the Work or Activities conducted in the Workplace:.....

e Is there an existing workplace forum in the workplace?.....

.....

.....

**4. SECTOR**

Sector in which Workplace falls:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Retail sector                | <input type="checkbox"/> Private security | <input type="checkbox"/> Public service          |
| <input type="checkbox"/> Wholesale                    | <input type="checkbox"/> Distribution     | <input type="checkbox"/> Health                  |
| <input type="checkbox"/> Mining                       | <input type="checkbox"/> Metal            | <input type="checkbox"/> Motor                   |
| <input type="checkbox"/> Food & Beverage              | <input type="checkbox"/> Agriculture      | <input type="checkbox"/> Building & Construction |
| <input type="checkbox"/> Media & Television           | <input type="checkbox"/> Services         | <input type="checkbox"/> Chemical                |
| <input type="checkbox"/> Contract cleaning            | <input type="checkbox"/> Transport        | <input type="checkbox"/> Paper & Printing        |
| <input type="checkbox"/> Domestic                     |   |  |
| <input type="checkbox"/> Other (please describe)..... |   |  |

**5. CONFIRMATION OF ABOVE DETAILS:**

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

Signature:.....

Position:.....

Date:.....

Place:.....

**CHECK!**

- Have you sent a copy of this completed form to the other party?
- Have you included proof of service?
- Have you attached a certified copy of the collective agreement that shows that the trade union/s is recognized?

Please turn over

## PROVINCIAL OFFICES OF THE CCMA

**CCMA EASTERN CAPE**

107 Govan Mbeki Street

**PORT ELIZABETH**

Private Bag X22500, PORT ELIZABETH, 6000

Tel: (041) 505 4300

Fax: (041) 586-4585

Email: [PE@ccma.org.za](mailto:PE@ccma.org.za)**CCMA MPUMALANGA**

Foschini Centre

Eadie Street

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Tel: (013) 656-2800

Fax: (013) 656-2885/6

Email: [WTB@ccma.org.za](mailto:WTB@ccma.org.za)**CCMA FREE STATE**

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Tel: (018) 464-0700

Fax: (018) 462-4126

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CCMA House, 20 Anderson Street,

**JOHANNESBURG**

Private Bag X94, MARSHALLTOWN, 2107

Tel: (011) 377-6600

Fax: (011) 377-6678/58/80

Email: [GAUTENG@ccma.org.za](mailto:GAUTENG@ccma.org.za)**CCMA NORTHERN CAPE**

CCMA House, 1A Bean Street

**KIMBERLEY**

Private Bag X6100, KIMBERLEY, 8300

Tel: (053) 831-6780

Fax: (053) 831-5947/8

Email: [KMB@ccma.org.za](mailto:KMB@ccma.org.za)**CCMA KWAZULU NATAL**

Garlicks Chambers, 61 Field Street,

**DURBAN**

Private Bag X54363, DURBAN, 4000

Tel: (031) 362 - 2300

Fax: (031) 306-5402

Email: [KZN@ccma.org.za](mailto:KZN@ccma.org.za)**CCMA WESTERN CAPE**

CCMA House, 78 Darling Street,

**CAPE TOWN**

Private Bag X9167, CAPE TOWN, 8000

Tel: (021) 469-0111

Fax: (021) 465-7197 or 465-7193

Email: [CTN@ccma.org.za](mailto:CTN@ccma.org.za)**CCMA LIMPOPO**

CCMA House, 104 Hans van Rensburg Street,

**POLOKWANE**

Private Bag X9512, POLOKWANE, 0700

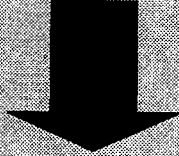
Tel: (015) 297-5010

Fax: (015) 297-1649

Email: [PTB@ccma.org.za](mailto:PTB@ccma.org.za)

**LRA Form 6.1**  
**Labour Relations Act, 1995**

**READ THIS FIRST**



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

This form is an application by a trade union for registration with the Department of Labour.

**WHO FILLS IN THIS FORM?**

The Secretary of the trade union.

**WHERE DOES THIS FORM GO?**

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

**OTHER INSTRUCTIONS**

- Two copies of this form and three copies of the union's constitution (a total of five documents) must be sent to the Registrar
- Each copy of the constitution must be signed by the Secretary and Chair as being true copies.

## REGISTRATION OF A TRADE UNION



**APPLICATION IN TERMS OF SECTION 96(1) FOR REGISTRATION OF  
A TRADE UNION**

### TRADE UNION DETAILS

We .....  
(name of the trade union)

apply for registration of this trade union.

The position, names and addresses of national office bearers and union officials are:

POSITION	NAME	WORK ADDRESS
CHAIRPERSON		

We have .....members.

Our address is: .....  
.....  
.....

Tel No. ....

... please turn over →



*LRA Form 6.1  
Registration of a Trade Union  
Page 2 of 2*

**Signature of Secretary:** .....

**Name:** .....

**Date:** .....

**CHECK!**

- Have you prepared two copies of this form?
- Have you prepared three signed copies of the union's constitution?

**DEPARTMENT OF LABOUR DETAILS**

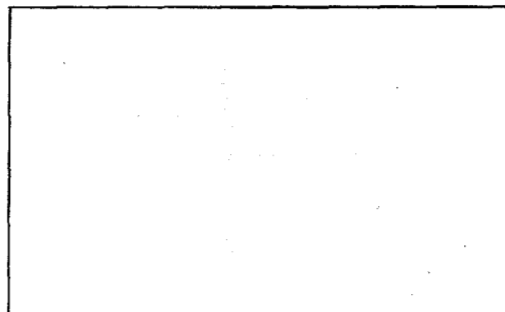
I, ....., duly authorised thereto in terms of  
(name of official)

Regulation 7(2) am satisfied that the information is substantially correct. The application was  
lodged with the Department on .....  
(date)

**Signature:** .....

**Today's date:** .....

**Place:** .....



(Official stamp)

LRA Form 6.2

Labour Relations Act, 1995

## READ THIS FIRST



## WHAT IS THE PURPOSE OF THIS FORM?

This form is an application by an employers' organisation to apply for registration with the Department of Labour.

## WHO FILLS IN THIS FORM?

The Secretary of the Employers' Organisation.

## WHERE DOES THIS FORM GO?

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

## OTHER INSTRUCTIONS

• Two copies of this form and three copies of the constitution of the employers' organisation (a total of five documents) must be sent to the Registrar

• Each copy of the constitution must be signed by the Secretary and Chair as being true copies.

# REGISTRATION OF AN EMPLOYERS' ORGANISATION



## APPLICATION IN TERMS OF SECTION 96(1) FOR REGISTRATION OF AN EMPLOYERS' ORGANISATION

### EMPLOYERS' ORGANISATION DETAILS

We .....  
(name of the employers' organisation)

apply for registration of this employers' organisation.

The position, names and addresses of national office bearers and officials of the organisation are:

POSITION	NAME	WORK ADDRESS
CHAIRPERSON		

We have .....members.

Our address is: .....

.....

.....

Tel No. ....

... please turn over →

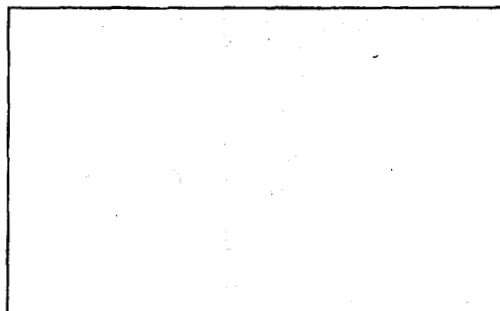
**Signature of Secretary:** .....**Name:** .....**Date:** .....**CHECK!**

- Have you prepared two copies of this form?
- Have you prepared three signed copies of the union's constitution?

**DEPARTMENT OF LABOUR DETAILS**

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

Regulation 7(2) am satisfied that the information is substantially correct. The application was  
lodged with the Department on .....  
(date)

**Signature:** .....**Today's date:** .....**Place:** .....**(Official stamp)**

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



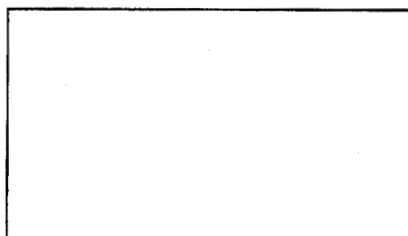
**CERTIFICATE OF REGISTRATION  
OF A TRADE UNION**

This is to certify that .....

.....  
(name of trade union)

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

(date)



(Official stamp of Registrar)

Date: .....

Reference number: .....

.....  
Registrar of Labour Relations

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



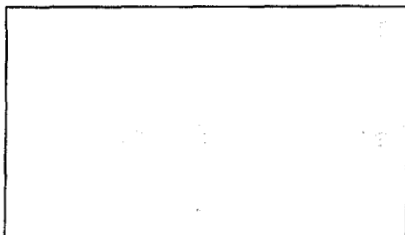
**CERTIFICATE OF REGISTRATION**  
**OF AN EMPLOYERS' ORGANISATION**

This is to certify that .....

.....  
(name of employers' organisation)

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

(date)



(Official stamp of Registrar)

Date: .....

Reference number: .....

.....  
Registrar of Labour Relations

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

**LIST OF MEMBERS TO BE KEPT BY A TRADE  
UNION**

(a) Full name:	
(b) Clock card number (if any):	
(c) Sector in which employed:	
(d) Name of employer:	
(e) Address of employer:	 ..... ..... ..... .....

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

**LIST OF MEMBERS TO BE KEPT BY AN  
EMPLOYERS' ORGANISATION**

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

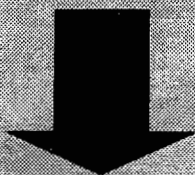


## NUMBER OF TRADE UNION MEMBERS

LRA Form 6.7

Labour Relations Act, 1995

### READ THIS FIRST



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

Every registered trade union has a duty to keep a record of its members.

#### WHO FILLS IN THIS FORM?

The Secretary of the trade union.

#### WHERE DOES THIS FORM GO?

The Registrar of Labour Relations, c/o The Director General, Department of Labour, Private Bag X117, Pretoria, 0001.

Fax: 012-309 4156.

This form must reach the Registrar of Labour Relations by 31 March of each year.

### STATEMENT TO BE PROVIDED TO REGISTRAR BY TRADE UNION IN TERMS OF SECTION 100(a)

#### TRADE UNION DETAILS

Name: .....

Address (postal and street): .....

The number of members of the trade union at 31 December .....  
(year)  
per sector was:

SECTOR	NUMBER
TOTAL:	

I, ..... certify that the information in  
(name of secretary)

this form accords with the records of the trade union.

Signature: .....

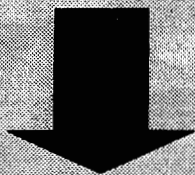
Date: .....





LRA Form 6.8  
Labour Relations Act, 1995

### READ THIS FIRST



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

Every registered employers' organisation has a duty to keep a record of its members.

#### WHO FILLS IN THIS FORM?

The Secretary of the employers' organisation.

#### WHERE DOES THIS FORM GO?

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

This form must reach the Registrar of Labour Relations by 31 March of each year.

## NUMBER OF EMPLOYERS' ORGANISATION MEMBERS

STATEMENT TO BE PROVIDED TO REGISTRAR BY AN  
EMPLOYERS' ORGANISATION IN TERMS OF SECTION 100(a)

#### EMPLOYERS' ORGANISATION DETAILS

Name: .....

.....

Address (postal and street) .....

.....

.....

.....

The number of members of the employers' organisation at 31 December

..... in each sector was:  
(year)

SECTOR	NUMBER
TOTAL:	

I ..... certify that the information in this  
(name of secretary)

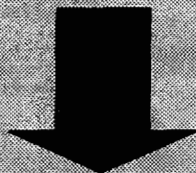
form accords with the records of the employers' organisation.

Signature: .....

Date: .....

LRA Form 6.9  
Labour Relations Act, 1995

# READ THIS FIRST



## WHAT IS THE PURPOSE OF THIS FORM?

This form is an application for registration by trade unions that wish to amalgamate.

## WHO FILLS IN THIS FORM?

The Secretary of each of the trade unions that are amalgamating.

## WHERE DOES THIS FORM GO?

The Registrar of Labour Relations c/o the Director General, Department of Labour, Private Bag X117, Pretoria, 0001.  
Fax No 012-3094156

## OTHER INSTRUCTIONS

Two copies of this form and three copies of the constitution of the amalgamated trade union must be sent to the Registrar

Each copy of the constitution must be signed by the Secretary and Chair as being true copies.

The original certificate of registration of each of the amalgamating unions must be attached.

A copy of the resolution to amalgamate must be submitted by each amalgamating union.

# APPLICATION BY AMALGAMATING TRADE UNIONS FOR REGISTRATION



APPLICATION IN TERMS OF SECTION 102(2) FOR REGISTRATION OF  
AMALGAMATING TRADE UNIONS

## 1. AMALGAMATING TRADE UNION DETAILS

Name: .....

Address (Postal and street): .....

The following trade unions have chosen to amalgamate:

(names and addresses)

... please turn over →

**2. OFFICE BEARERS/ OFFICIALS**

POSITION	NAME	POSTAL ADDRESS

The amalgamated trade union has ..... members.  
(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: .....

**CHECK!**

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

LRA Form 6.9  
Application by amalgamating trade unions for registration  
Page 3 of 3

**DEPARTMENT OF LABOUR DETAILS**

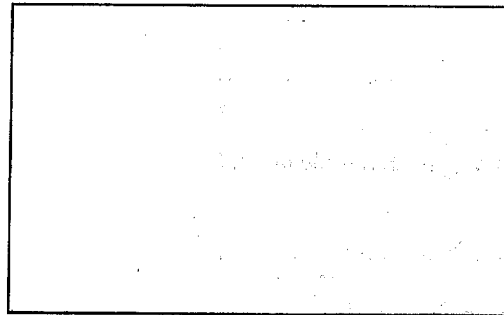
I, ....., duly authorised thereto in terms of Regulation  
(name of official)

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

Signature: .....

Today's date: .....

Place: .....

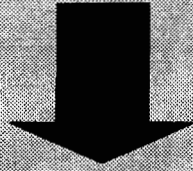


(Official stamp)

LRA Form 6.10

Labour Relations Act, 1995

READ THIS FIRST

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

This form is an application for registration by employers' organisations which wish to amalgamate.

**WHO FILLS IN THIS FORM?**

The Secretary of each of the employers' organisations that are amalgamating.

**WHERE DOES THIS FORM GO?**

The Registrar of Labour Relations,  
c/o the Director General,  
Department of Labour, Private Bag  
X117, Pretoria 0001.  
Fax No.: 012-3094156

**OTHER INSTRUCTIONS**

- Two copies of this form and three copies of the constitution of the amalgamated employers' organisations must be sent to the Registrar
- Each copy of the constitution must be signed by the Secretary and Chair as being true copies.
- The original certificate of registration and resolution of each of the amalgamating employers' organisations must be attached.



## **APPLICATION BY AMALGAMATING EMPLOYERS' ORGANISATIONS FOR REGISTRATION**

**APPLICATION IN TERMS OF SECTION 102(2) FOR REGISTRATION OF  
AMALGAMATING EMPLOYERS' ORGANISATION**

**1) AMALGAMATING EMPLOYERS' ORGANISATION DETAILS**

**Name:** .....

.....

**Address (Postal and street):** .....

.....

.....

.....

.....

.....

**We hereby apply for registration of an amalgamated employers' organisation. The following employers' organisations have chosen to amalgamate:**

.....

.....

.....

.....

.....

.....

(names and addresses of employers' organisations)

... please turn over →

LRA Form 6.10

Application by amalgamating employers' organisations for registration

Page 2 of 3

**2) OFFICE BEARERS/ OFFICIALS**

POSITION	NAME	POSTAL ADDRESS

The amalgamated employers' organisation has .....members.  
(number)

Name of employers' organisation: ..... Name of employers' organisation:.....  
.....

Signature of Secretary: ..... Signature of Secretary: .....

Name: ..... Name: .....

Date: ..... Date: .....

Name of employers' organisation:..... Name of employers' organisation:.....

Signature of Secretary: ..... Signature of Secretary: .....

Name: ..... Name: .....

Date: ..... Date: .....

**CHECK!**

- Have you prepared two copies of this form?
- Have you prepared three signed copies of the union's constitution?
- Have you attached copies of the resolution?

**DEPARTMENT OF LABOUR DETAILS**

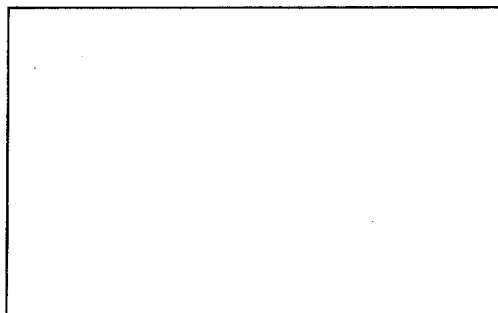
I, ....., am satisfied that the information is  
(name of official)

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

Signature: .....

Today's date: .....

Place: .....



(Official stamp)

LRA Form 7.1

Section 127(1)

Labour Relations Act,  
1995**COUNCIL APPLIES FOR  
ACCREDITATION**

Read This First

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

This form is an application by a Council to the Governing Body of the CCMA for accreditation to perform various dispute resolution functions.

**WHO FILLS IN THIS FORM?**

The Secretary of the Council.

**WHERE DOES THIS  
FORM GO?**

Governing Body  
c/o CCMA House  
20 Anderson Street  
Johannesburg, 2001  
Private Bag X94  
Marshalltown, 2107  
Tel: (011) 377-6650  
Fax: (011) 834-7351  
E-mail: ho@CCMA.org.za

**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?

**1. COUNCIL DETAILS**

Name: .....

Postal Address: .....

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

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

Contact Person: .....

Reference Number: .....

**2. ACCREDITATION IS SOUGHT FOR THE FOLLOWING DISPUTE  
RESOLUTION FUNCTIONS**

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

CCMA Ref. Number.....

Please turn over →



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

Name: .....

Postal Address: .....

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

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

Contact Person: .....

The scope of the appointment including categories of dispute:

The council may appoint another agency to perform some of its functions.  
If this Council wants to appoint another 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. NUMBERS OF EMPLOYEES AND EMPLOYERS COVERED BY COUNCIL**

	The number of employees and employers within the Council's registered scope	The number of employers who are not members of the employers' organisation in the Council and the number of their employees	The number of employees who are not members of unions in the Council
Employees			
Employers			N/A

**5. PARTIES TO THE COUNCIL**

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.

Please turn over →

**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.

Some of these issues are:

- the standards of services;
- the independence of those who perform the functions for which the agency seeks accreditation;
- an acceptable code of conduct;
- acceptable disciplinary procedures.

(b) Describe management and human resource capacity

Provide information on –

- the committee or body that will perform dispute resolution (provide information on the name of the committee/body, how its affairs will be governed, how it will be resourced in terms of administrative staff, premises, other facilities, etc);
- 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.

**CONFIRMATION OF THE ABOVE DETAILS:**



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

Signature: .....

Position: .....

Date: .....

Place: .....

<p>LRA Form 7.2 Section 127(1) Labour Relations Act, 1995</p>	<p><b>PRIVATE AGENCY APPLIES FOR ACCREDITATION</b></p>		
<p>Read This First</p>  <p><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p>This form is an application by a private agency to the Governing Body of the CCMA for accreditation to perform various dispute resolution functions.</p> <p><b>WHO FILLS IN THIS FORM?</b></p> <p>An authorised representative of the private agency.</p> <p><b>WHERE DOES THIS FORM GO?</b></p> <p>Governing Body c/o CCMA House 20 Anderson Street Johannesburg, 2001 Private Bag X94 Marshalltown, 2107 Tel: (011) 377-6650 Fax: (011) 834-7351 E-mail: ho@CCMA.org.za</p> <p><b>OTHER INSTRUCTIONS</b></p> <p>A motivation for accreditation and the private agency's code of conduct must be attached to this form.</p>	<p><b>1. PRIVATE AGENCY DETAILS</b></p> <p>Name: .....</p> <p>.....</p> <p>Legal status (company, cc, trust, etc): .....</p> <p>.....</p> <p>Date of formation: .....</p> <p>Postal Address: .....</p> <p>.....</p> <p>Tel: ..... Fax: .....</p> <p>Cell: ..... E-Mail: .....</p> <p>Contact Person: .....</p> <p>Reference Number: .....</p> <p>Full names of directors, members, trustees or partners: .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		
	<p>CCMA Ref. Number.....</p>	<p>Please turn over →</p>	

**LRA Form 7.2**  
**Private Agency Applies for Accreditation**  
**Page 2 of 4**

The nature of the business/activities engaged in by the private agency  
 (provide a description of the range of services offered):

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**2. ACCREDITATION IS SOUGHT FOR THE FOLLOWING DISPUTE  
 RESOLUTION FUNCTIONS**

List the conciliation and arbitration dispute functions the private agency wants to perform, and on whose behalf it will be performing those functions. These must be the dispute functions for which the private agency seeks accreditation.

Note that the private agency cannot include disputes listed in section 127(2). Examples of these are disputes dealing with agency shops and closed shops, pickets and the demarcation of sectors and areas of councils.

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Please turn over



Provide details on the areas (sectors, provinces, centres and districts) of operation.

### 3. INFORMATION ON AREA OF OPERATION

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### 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.**

These issues are:

- the standards of services;
- the independence of those who perform the functions for which the agency seeks accreditation;
- an acceptable code of conduct;
- acceptable disciplinary procedures.

**(b) Describe management and human resource capacity**

Provide information on –

- the committee or body that will perform dispute resolution (provide information on the name of the committee/body, how its affairs will be governed, how it will be resourced in terms of administrative staff, premises, other facilities, etc);
- 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);

Please turn over →

LRA Form 7.2  
Private Agency Applies for Accreditation  
Page 4 of 4

**CHECK!**

Have you attached to this form:

A motivation for accreditation?

The agency's code of conduct?

- training (supply details of initial and ongoing training, or training opportunities, available to conciliators and arbitrators); 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.

**(c) Provide information on service users**, for example particular councils, parties in particular sectors, industries and services.

**5. CONFIRMATION OF ABOVE DETAILS:**

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

Signature: .....

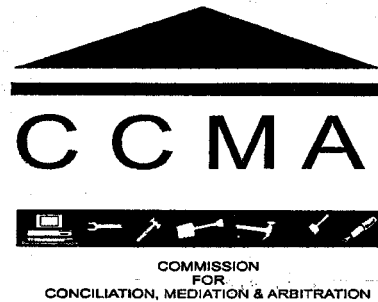
Position: .....

Date: .....

Place: .....

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

## CERTIFICATE OF ACCREDITATION OF COUNCIL



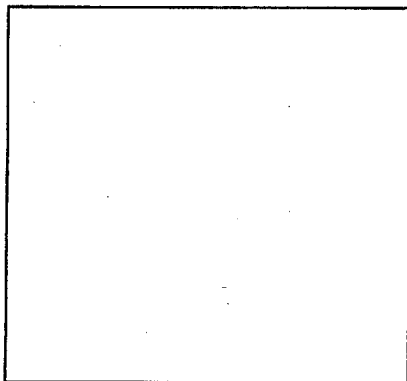
This is to certify that

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

(name of applicant)

has, in terms of section 127 of the Labour Relations Act, 1995, been accredited to perform dispute resolution functions, subject to the terms set out in the accompanying attachment. This certificate is valid from

..... to .....  
(date) (date)



(Official stamp of CCMA)

Director, CCMA  
Private Bag X94

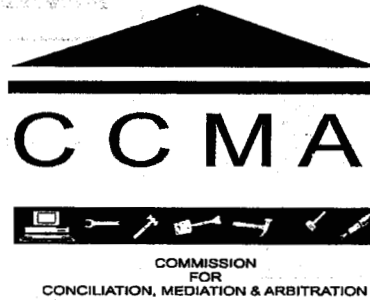
Marshalltown  
2107

Date:.....

Reference Number:.....

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

# CERTIFICATE OF ACCREDITATION OF PRIVATE AGENCY



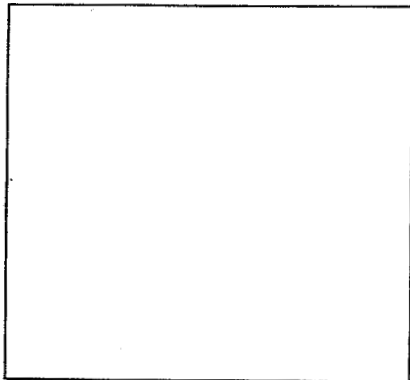
This is to certify that

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

(name of applicant)

has, in terms of section 127 of the Labour Relations Act, 1995, been accredited to perform dispute resolution functions, subject to the terms set out in the accompanying attachment. This certificate is valid from

..... to .....  
(date) (date)



(Official stamp of CCMA)



Director, CCMA  
Private Bag X94

Marshalltown  
2107

Date:.....

Reference Number:.....



<p>LRA Form 7.5 Section 129(1) Labour Relations Act, 1995</p>	<p><b>COUNCIL OR PRIVATE AGENCY APPLIES TO AMEND ACCREDITATION</b></p>		
<p>Read This First</p>  <p><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p>This form is an application by an accredited council or accredited private agency to the CCMA to amend its accreditation. For example, the amendment can relate to nature of services, scope of work or area.</p> <p><b>WHO FILLS IN THIS FORM?</b></p> <p>An accredited council or accredited private agency.</p> <p><b>WHERE DOES THIS FORM GO?</b></p> <p>Governing Body c/o CCMA House 20 Anderson Street Johannesburg, 2001 Private Bag X94 Marshalltown, 2107 Tel: (011) 377-6650 Fax: (011) 834-7351 E-mail: ho@CCMA.org.za</p> <p><b>OTHER INSTRUCTIONS</b></p> <p>A copy of the applicant's current certificate of accreditation must be attached to this form.</p>	<p><b>1. APPLICANT DETAILS</b></p> <p>Name: .....</p> <p>Postal Address: .....</p> <p>Tel: ..... Fax: .....</p> <p>Cell: ..... E-Mail: .....</p> <p>Contact Person: .....</p> <p>Reference Number: .....</p> <p><b>2. ACCREDITATION AMENDMENTS SOUGHT</b></p> <p>The applicant wants to amend its current accreditation in the following way:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		
<p><b>CHECK!</b></p> <p>Have you attached your current certificate of accreditation?</p>	<p>CCMA Ref. Number.....</p>	<p>Please turn over →</p>	

Please supply information on changes to areas of operation, service users and other matters (refer to section 127(4)):

[illegible]


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

Signature: .....

Position: .....

Date: .....

Place: .....



Please turn over 

LRA Form 7.6

Section 131(1)

### Council Applies to Renew Accreditation

Page 2 of 2

Describe changes (if any), since the council was last accredited. These changes could be area of operation, service uses and other matters raised in section 127(4):

## CHECK!

**Have you attached your current certificate of accreditation?**

(use a separate sheet of paper if necessary)

Form submitted by:

Name

**Signature:**

**Position:**

**Date:**

**Place:**

LRA form 7.7  
Section 131(1)  
Labour Relations Act 1995

## PRIVATE AGENCY APPLIES TO RENEW ACCREDITATION



### READ THIS FIRST



### WHAT IS THE PURPOSE OF THIS FORM?

This form is an application by an accredited agency to the CCMA to renew its accreditation, either in the current or amended form.

### WHO FILLS IN THIS FORM?

An accredited agency.

### WHERE DOES THIS FORM GO?

Governing Body  
C/o CCMA House  
20 Anderson Street  
Johannesburg 2001  
Private Bag X94  
Marshalltown, 2107  
Tel: (011) 377 6650  
Fax: (011) 834 7351  
E-mail: ho@CCMA.org.za

### OTHER INSTRUCTIONS

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

### 1. AGENCY DETAILS

Name .....

Legal Status (company, cc, trust, etc.).....

Postal Address .....

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

Cell: ..... E-mail: .....

Full names of directors, members trustees or partners:.....

CCMA REF. No. ....

Please turn over →

The agency applies to renew its accreditation for.....

[illegible]

Describe changes (if any) since the agency was last accredited. These changes could be: area of operation, service users and other matters raised in section 127(4):

Have you attached your current certificate of accreditation?

[illegible]

**Please turn over**



Form submitted by:

Name .....

Signature: .....

Position: .....

Date: .....

Place: .....

LRA Form 7.8  
Section 132(1)  
Labour Relations Act, 1995

## COUNCIL APPLIES FOR SUBSIDY



### Read This First



### WHAT IS THE PURPOSE OF THIS FORM?

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.

### WHO FILLS IN THIS FORM?

An accredited Council or a Council applying for accreditation.

### WHERE DOES THIS FORM GO?

To the CCMA Head Office:  
CCMA House  
20 Anderson Street  
Johannesburg  
Private Bag X94  
Marshalltown 2107  
Tel: (011) 377 6650  
Fax: (011) 834 7351  
E-mail: ho@ccma.org.za

### OTHER INSTRUCTIONS

#### The Council must send:

- > 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.

### CHECK!

Have you attached your current certificate of accreditation?

Have you attached your motivation (See Section 132(3))?

### 1. COUNCIL DETAILS

Name : .....

Postal Address: .....

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

Contact Person: .....

Reference Number: .....

### 2. DISPUTE RESOLUTION FUNCTIONS FOR WHICH COUNCIL IS ACCREDITED OR SEEKING ACCREDITATION

Is the Council already accredited to perform particular dispute resolution functions?

☐ Yes

☐ No

If yes, attach the certificate of accreditation.

Are any dispute resolution functions of the Council performed by an accredited agency?

☐ Yes

☐ No

If yes, name the agency and describe those dispute resolution functions.

CCMA Ref. Number .....

Please turn over →



Is the Council currently applying for accreditation to perform dispute resolution functions?

☐ Yes

☒ No

If yes, attach the relevant application for accreditation.

### 3. DISPUTE RESOLUTION CASE LOAD

What period does the estimate cover? .....

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

#### Accredited Functions

Provide best estimates of the number of cases the Council expect to deal with in respect of its accredited functions, as follows:

Section	Dispute	No. of Cases	Total Days Spent Conciliating	Total Days Spent Arbitrating
9(1)	Freedom of Association			
51(2) and (3); 64(1)	Any matters of Mutual Interest			
191(1)	Unfair Dismissal			
41(6) BCEA 1997	Severance Pay			
191(1)	Unfair Labour Practice			
<b>Total</b>				

Please turn over →

LRA Form 7.8

Council Applies for Subsidy  
Page 3 of 4 pages**4. BUDGET SUMMARY FOR THE PERIOD COVERED IN (3) ABOVE**  
(Elaborate on these estimates in a supporting annexure)**Anticipated Expenses:**

Function	Cost/Day (Accredited Functions)	Cost/Day (Other Functions)	TOTAL COST
			Accredited Functions
Conciliation			
Arbitration			
Other (specify)	N/A		
Admin and Infrastructure Costs	N/A	N/A	
TOTAL	N/A	N/A	

**GRAND TOTAL**

**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).

	ACCREDITED FUNCTIONS		UNACCREDITED FUNCTIONS	
	In Rands	In %	In Rands	In %
Levies on Employers				
Levies on Employees				
User Charges				
Commission Subsidy				
Other				
TOTAL				

Please turn over →

The levy rate per employee will be:

- ❖ Non-union Employees
- ❖ Union Employees

The levy rate per employer will be:

- ❖ Non-member of Party Employer's Organisation
- ❖ Member of Party Employers' Organisation

**5. DETAILS OF SUBSIDY REQUIRED**

*Provide a financial breakdown of subsidy requested:*

**6. MOTIVATION**

*Motive your application. In addition, cover the issues raised in S132(3) In brief, these are:*

- ❖ The need for your services;
- ❖ The reasons for seeking the subsidy;
- ❖ The amount requested;
- ❖ Capacity to deal with finances responsibly.

**7. CONFIRMATION OF ABOVE DETAILS:**

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

Signature: .....

Position: .....

Date: .....

Place: .....

LRA Form 7.9

Section 132(1)

Labour Relations Act,  
1995**PRIVATE AGENCY  
APPLIES FOR SUBSIDY**

Read This First

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

This form is an application by a private agency to the Governing Body of the CCMA for a subsidy to perform various dispute resolution functions.

**WHO FILLS IN THIS FORM?**

An authorised representative of the private agency.

**WHERE DOES THIS  
FORM GO?**

Governing Body  
c/o CCMA House  
20 Anderson Street  
Johannesburg, 2001  
Private Bag X94  
Marshalltown, 2107  
Tel: (011) 377-6650  
Fax: (011) 834-7351  
E-mail: ho@CCMA.org.za

**OTHER INSTRUCTIONS**

The agency must send:

- this form;
- the current certificate of accreditation (if applicable); and
- any additional information which you want to bring to the attention of the Governing Body.

**CHECK!**

Have you attached your current certificate of accreditation?

Have you attached your budget?

Have you attached your motivation (see section 132(2))?

**1. PRIVATE AGENCY DETAILS**

Name: .....

Postal Address: .....

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

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

Contact Person: .....

Reference Number: .....

**2. DISPUTE RESOLUTION FUNCTIONS FOR WHICH AGENCY IS  
ACCREDITED OR SEEKING ACCREDITATION**

Is the agency already accredited to perform dispute resolution functions?

Yes ☐No ☐

If yes, attach the certificate of accreditation.

Is the agency currently applying for accreditation to perform dispute resolution functions?

Yes ☐No ☐

If yes, attach the relevant application for accreditation.

CCMA Ref. Number.....

Please turn over →

**3. ATTACHMENTS****(a) Budget**

Prepare a budget which should include details on:

- the anticipated total number of days spent on dispute resolution work (average case length X number of cases);
- the total fees bill for conciliators and arbitrators (consider daily rates and retainer fees);
- administrative and infrastructural costs;
- training costs;
- income for accredited dispute resolution work.

**(b) Motivation**

Motivate your application. In addition, cover the issues raised in section 132(3). In brief, these are:

- the need for your services;
- the reasons for seeking the subsidy;
- the amount requested;
- capacity to deal with finances responsibly.

**4. CONFIRMATION OF ABOVE DETAILS:**

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

Signature: .....

Position: .....

Date: .....

Place: .....

LRA Form 7.10

Section 132(8)(a)

Labour Relations Act,  
1995**COUNCIL OR PRIVATE  
AGENCY APPLIES FOR  
RENEWAL OF SUBSIDY**

Read This First

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

This form is an application by an accredited Council or an accredited agency for a renewal of a subsidy to perform various dispute resolution functions.

**WHO FILLS IN THIS FORM?**

An accredited Council or accredited agency.

**WHERE DOES THIS  
FORM GO?**

Governing Body  
c/o CCMA House  
20 Anderson Street  
Johannesburg, 2001  
Private Bag X94  
Marshalltown, 2107  
Tel: (011) 377-6650  
Fax: (011) 834-7351  
E-mail: ho@CCMA.org.za

**OTHER INSTRUCTIONS**

The certificate of accreditation must be attached to this form.  
Prepare a copy of your current subsidy.  
Prepare your new budget.

**CHECK!**

Have you attached the certificate of accreditation?  
Have you attached information about the current subsidy?  
Have you attached the anticipated budget?

**1. APPLICANT DETAILS**

Name: .....

Postal Address: .....

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

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

Contact Person: .....

Reference Number: .....

**2. ATTACHMENTS**

- (a) Current subsidy (provide details).
- (b) Anticipated budget (refer to your initial application: update your previous budget and supply additional motivation).

**3. CONFIRMATION OF ABOVE DETAILS**

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

Signature: .....

Position: .....

Date: .....

Place: .....

CCMA Ref. Number: .....

**LRA Form 7.11**  
**Labour Relations Act 1995**  
**Sections 133, 135, 191(1) and**  
**191(5A)**

**PART A**  
**REFERRING A DISPUTE TO**  
**THE CCMA FOR CONCILIATION**  
**(INCLUDING CON-ARB)**



**READ THIS FIRST**



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

This form enables a person or organisation to refer a dispute to the CCMA for conciliation and con-arb.

**WHO FILLS IN THIS FORM?**

Employer, employee, union or employers' organisation.

**WHERE DOES THIS FORM GO?**

The Registrar, Provincial Office of the CCMA in the province where the dispute arose. See details on this page

**WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?**

When you refer the dispute to the CCMA, it will appoint a commissioner who must attempt to resolve the dispute within 30 days.

**OTHER INSTITUTIONS**

Please note that if you are covered by a bargaining council, a statutory council or an accredited agency you may have to take the dispute to that council or agency.

You may also need to deal with the dispute in terms of a private procedure if one applies.

If in doubt contact the CCMA for assistance.

**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:

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

**PROVINCIAL OFFICES OF THE CCMA**

**CCMA EASTERN CAPE**

107 Govan Mbeki Street  
**PORT ELIZABETH**  
 Private Bag X22500, PORT ELIZABETH  
 6000  
 Tel: (041) 505 4300  
 Fax: (041) 586-4585  
 Email: [PE@ccma.org.za](mailto:PE@ccma.org.za)

**CCMA FREE STATE**

NBS Building,  
 Cnr Elizabeth & Westburger Street  
**BLOEMFONTEIN**  
 Private Bag X20705, BLOEMFONTEIN,  
 9300  
 Tel: (051) 505-4400  
 Fax: (051) 448-4468/9  
 Email: [BLM@ccma.org.za](mailto:BLM@ccma.org.za)

**CCMA GAUTENG**

CCMA House, 20 Anderson Street,  
**JOHANNESBURG**  
 Private Bag X94, MARSHALLTOWN, 2107  
 Tel: (011) 377-6600  
 Fax: (011) 377-6678/58/80  
 Email: [GAUTENG@ccma.org.za](mailto:GAUTENG@ccma.org.za)

**CCMA KWAZULU NATAL**

Garlicks Chambers, 61 Field Street,  
**DURBAN**  
 Private Bag X54363, Durban 4000  
 Tel: (031) 362 - 2300  
 Fax: (031) 306-5402  
 Email: [KZN@ccma.org.za](mailto:KZN@ccma.org.za)

**CCMA MPUMALANGA**

CCMA House, Eadie Street  
**WITBANK**  
 Private Bag X7290, WITBANK 1035  
 Tel: (013) 656-2800  
 Fax: (013) 656-2885/6  
 Email: [WTB@ccma.org.za](mailto:WTB@ccma.org.za)

**CCMA NORTH WEST PROVINCE**

CCMA House 47 Siddle Street,  
**KLERKSDORP**  
 Private Bag X5004, KLERKSDORP, 2571  
 Tel: (018) 464-0700  
 Fax: (018) 462-4126  
 Email: [KDR@ccma.org.za](mailto:KDR@ccma.org.za)

**CCMA NORTHERN CAPE**

CCMA House, 1A Bean Street  
**KIMBERLEY**  
 Private Bag X6100, KIMBERLEY, 8300  
 Tel: (053) 831-6780  
 Fax: (053) 831-5947/8  
 Email: [KMB@ccma.org.za](mailto:KMB@ccma.org.za)

**CCMA LIMPOPO**

104 Hans van Rensburg Street,  
**POLOKWANE**, 0699  
 Private Bag X9512, POLOKWANE 0700  
 Tel: (015) 297-5010  
 Fax: (015) 297-1649  
 Email: [PTB@ccma.org.za](mailto:PTB@ccma.org.za)

**CCMA WESTERN CAPE**

CCMA House, 78 Darling Street,  
**CAPE TOWN**  
 Private Bag X9167, Cape Town, 8000  
 Tel: (021) 469-0111  
 Fax: (021) 465-7197 or 465-7193  
 Email: [CTN@ccma.org.za](mailto:CTN@ccma.org.za)

**Visit the CCMA website at:**

<http://www.ccma.org.za>

**READ THIS FIRST**Tick the correct box ☒

The name of the employee or an employer that is referring the dispute must be filled in (a). If there is more than one employee to the dispute and the referring party is not a trade union, then each employee must supply their personal details and signature on a separate page, which must be attached to this form.

These alternate contact details should be of a union official or representative, a relative or a friend.

The name of the trade union or employers organisation that is referring the dispute or assisting a member to refer a dispute must be filled in (b).

**OTHER PARTIES**

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

Tick the correct box ☒**1. DETAILS OF PARTY REFERRING THE DISPUTE**

As the referring party, are you:

- ☐ An employee                      ☐ A trade union  
☐ An employer                      ☐ An employer's organization

**(a) Name of the party if the referring party is an employee or employer**

Name:.....

ID Number:.....

Postal Address:.....

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

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

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

**Alternate contact details of employee:**

Name:.....

Postal Address:.....

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

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

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

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

Name:.....

Postal Address:.....

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

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

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

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

The other party is:

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

Name:.....

Postal Address:.....

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

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

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

Please turn over →



Tick the correct box ☒

If the dispute concerns dismissals, also complete Part B (See Page 5)

**This section must be completed!**

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

#### UNFAIR LABOUR PRACTICE

If the dispute(s) concerns an unfair labour practice the dispute must be referred (ie. 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 elapsed you are required to apply for condonation.

### 3. NATURE OF THE DISPUTE

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Unfair dismissal  | <input type="checkbox"/> Unfair Labour Practice (Give details) | <input type="checkbox"/> Refusal to Bargain  |
| <input type="checkbox"/> Organisational Rights                                   | <input type="checkbox"/> Mutual Interest                       | <input type="checkbox"/> S80 BCEA  |
| <input type="checkbox"/> Unilateral change to terms and conditions of employment | <input type="checkbox"/> Severance pay S41 BCEA                | <input type="checkbox"/> Unfair Discrimination S10 of the Employment Equity Act (Give details) |
| <input type="checkbox"/> Interpretation/ Application of Collective Agreement     | <input type="checkbox"/> Disclosure of Information             | <input type="checkbox"/> S19 Skills Development Act  |
| <input type="checkbox"/> Freedom of Association                                  | <input type="checkbox"/> Unfair Labour Practice (probation)    |  |
| <input type="checkbox"/> Other (please describe) .....                           |  |  |

Summarise the facts of the dispute you are referring: .....

### 4. DATE DISPUTE AROSE

The dispute arose on: .....  
(give the date, day, month and year)

The dispute arose where: .....  
(give the city/town in which the dispute)

If the dispute concerns a dismissal the date inserted here must be the same as that set out in Item 2 of Part B.

### 5. DETAILS OF DISPUTE PROCEDURES FOLLOWED

Have you followed all internal grievance / disciplinary procedures before coming to the CCMA? ☐ YES ☐ NO

Describe the procedures followed: .....

### 6. RESULT OF CONCILIATION

What outcome do you require? .....

Please turn over →

**7. SECTOR**

Indicate the sector or service in which the dispute arose.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Retail sector | <input type="checkbox"/> Private Security                      | <input type="checkbox"/> Public Service    |
| <input type="checkbox"/> Mining        | <input type="checkbox"/> Paper & Printing                      | <input type="checkbox"/> Health            |
| <input type="checkbox"/> Motor         | <input type="checkbox"/> Services                              | <input type="checkbox"/> Chemical          |
| <input type="checkbox"/> Distribution  | <input type="checkbox"/> Food & Beverage                       | <input type="checkbox"/> Agriculture       |
| <input type="checkbox"/> Wholesale     | <input type="checkbox"/> Building & Construction               | <input type="checkbox"/> Contract Cleaning |
| <input type="checkbox"/> Domestic      | <input type="checkbox"/> Other ( <i>please describe</i> )..... |  |

**8. INTERPRETATION SERVICES**

Do you require an interpreter at the conciliation / con-arb?

☐ YES ☐ NO

If yes, please indicate for what language:

- |                                    |                                     |  |                                   |
|------------------------------------|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> isiNdebele | <input type="checkbox"/> isiZulu                               | <input type="checkbox"/> isiXhosa |
| <input type="checkbox"/> Sepedi    | <input type="checkbox"/> Sesotho    | <input type="checkbox"/> Setswana                              | <input type="checkbox"/> siSwati  |
| <input type="checkbox"/> Tshivenda | <input type="checkbox"/> Xitsonga   | <input type="checkbox"/> Other ( <i>please indicate</i> )..... |                                   |

**9. SPECIAL FEATURES / ADDITIONAL INFORMATION**

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

**10. Dispute about unilateral change to terms and conditions of employment (s64 (4))**

I/we require that the employer party not implement unilaterally the proposed changes that led to this dispute for 30 days, or that it restore the terms and conditions of employment that applied before the change.

Signed: ..... (*Employee party referring the dispute*)

**11. OBJECTION TO CON-ARB PROCESS**

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

Signed: .....

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.

**12. CONFIRMATION OF ABOVE DETAILS**

Signature of party referring the dispute: .....

Signed at..... on this .....  
(place) (date)

Tick the correct box ☒

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

Special features might be the urgency of the matter, the large number of people involved, important legal or labour issues etc.

Only fill this in if this is a dispute about unilateral change to terms and conditions of employment.

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

Only fill this in if you object to the arbitration commencing immediately after conciliation. An objection cannot be made in disputes relating to probation.

**LRA Form 7.11**  
**Section 135**  
**Labour Relations Act 1995**  
**Section 191(5A)**

**PART B**  
**ADDITIONAL FORM FOR DISMISSAL**  
**DISPUTES ONLY**



LRA Form 7.12  
Labour Relations Act, 1995  
Sections 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, it  
can be referred to:

☐ **Arbitration**

☐ **Labour  
Court**

☐ **Strike/  
Lockout**

☐ **None**



Official stamp of the CCMA (or Bargaining  
Council or Accredited Agency)

\_\_\_\_\_  
Name of Commissioner

\_\_\_\_\_  
Signature of Commissioner

\_\_\_\_\_  
Place

\_\_\_\_\_  
Date

<p>LRA Form 7.13 Section 136 Labour Relations Act, 1995</p>	<p><b>REQUEST FOR ARBITRATION</b></p>		
<p><b>Read This First</b></p>  <p><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p>If conciliation fails, a party may request that the CCMA resolve the dispute by arbitration.</p> <p><b>WHO FILLS IN THIS FORM?</b></p> <p>The party requesting the arbitration.</p> <p><b>WHERE DOES THIS FORM GO?</b></p> <p>To the Registrar at the Provincial Office of the CCMA. (Please refer to the last page for details).</p> <p>This should be the same office, which conducted the conciliation. If an accredited council or agency is to arbitrate the dispute, this form must be sent to their office. If in doubt, contact the CCMA for help.</p> <p>Referrals in terms of Section 37(2) of the UIF Act must be made in the province where the appeals committee made the decision re: benefits.</p>	<p><b>1. DETAILS OF PARTY REQUESTING ARBITRATION</b></p> <p>Name : .....</p> <p>Postal Address: .....</p> <p>Tel: ..... Fax: .....</p> <p>Cell: ..... Email: .....</p> <p><b>2. DISPUTE DETAILS</b></p> <p>Case Reference Number: .....</p> <p>The case between ..... and ..... (party) (other party)</p> <p>was referred for conciliation, but remains unresolved</p> <p>The certificate confirming the failure of conciliation is attached</p> <p>In terms of Section ..... I / we now request that (see chart on page 3)</p> <p>the matter be resolved through arbitration.</p> <p>The issues in dispute are .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Give a brief description. The commissioner may require a more detailed statement of case later)</p>		<p>CCMA Ref. Number .....</p> <p>Please turn over →</p>

LRA Form 7.13  
Request for Arbitration  
Page 2 of 4

**OTHER INSTRUCTIONS**

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

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

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

The certificate confirming that the dispute was unresolved through conciliation must also be attached to this form.

If a party does not want the commissioner who conducted the conciliation proceedings to arbitrate this dispute, that party must fill in LRA form 7.14.

If both parties agree on a particular commissioner to arbitrate then they must inform the CCMA within 48 hours of the dispute being certified as unresolved.

If a party wants a senior commissioner to arbitrate they must fill in LRA Form 7.15.

**Check!**

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

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

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

**3. WHAT DECISION WOULD YOU LIKE THE COMMISSIONER TO MAKE:**

.....

.....

.....

.....

.....

.....

.....

.....

The commissioner may require a more detailed statement of case later.

**4. CONFIRMATION OF ABOVE DETAILS:**

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

Signature:.....

Designation: .....

Date: .....

Place: .....

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

**5. DETAILS OF OTHER PARTY**

Name : .....

Designation:.....

Postal Address: .....

.....

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

Cell:..... Email:.....

Please turn over →

**ARBITRATION REQUESTS**  
**SECTION LIST/NATURE OF DISPUTE**

LRA Section	Dispute
16(9)	Disclosure of information
21(7)	Acquisition of organisational rights
21(11)	Withdrawal of organisational rights
22(4)	Interpretation or application of any provision of Part A of Chapter 3 other than a dispute in terms of Section 21
24(5)	Interpretation or application of collective agreement in respect of statutory council
24(6)	Interpretation or application of agency or closed shop agreement
45(4)	Interpretation or application of ministerial determination in respect of a statutory council
61(13)	Interpretation or application of lapsed Bargaining Council collective agreement
74(4)	Essential services
86(7)	Joint decision-making (workplace forum)
89(6)	Disclosure of information (workplace forum)
94(4)	Dispute about application or interpretation – Chapter 5 (workplace forum)
133(2)(b) / 141(1)	Consent to arbitration where Labour Court has jurisdiction
191(5)(a)	Unfair dismissal
191(5)(a)	Unfair labour practices
191(12)	Unfair dismissal for operational requirements
BASIC CONDITIONS OF EMPLOYMENT ACT SECTION 41	Severance pay
SKILLS DEVELOPMENT ACT SECTION 19(5)	Interpretation and application of learner agreement / learner contract of employment / S 18(3) determination.
<b>NB: Demarcation disputes (Section 62) must be processed on LRA Form 3.23</b>	

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Email: [CTN@ccma.org.za](mailto:CTN@ccma.org.za)



LRA Form 7.14

Section 136(3)

Labour Relations Act,  
1995**NOTICE OF OBJECTION  
TO ARBITRATION BY  
SAME COMMISSIONER**

Read This First

**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 led the conciliation process.

**WHO FILLS IN THIS FORM?**

Objecting party.

**WHERE DOES THIS  
FORM GO?**

Registrar, Provincial Office of the CCMA. Please refer to the next page for further details.

**OTHER INSTRUCTIONS**

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

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

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

This form must be submitted to the CCMA within 7 days after the date of issue of the certificate.

**1. PARTY DETAILS**

Name: .....

Postal Address: .....

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

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

Person dealing with the application: .....

Reference Number: .....

**2. DETAILS OF THE OTHER PARTY**

Name: .....

Postal Address: .....

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

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

Contact Person: .....

Reference Number: .....

**3. OBJECTION DETAILS**

I/we ..... (names)

object to the Commissioner ..... (name)

who conciliated the ..... (name of dispute/matter)

arbitrating the same dispute.

Therefore we request the CCMA to appoint a different Commissioner.

**4. CONFIRMATION OF ABOVE DETAILS:**

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

Position: .....

Signed .....

Date: .....

CCMA Ref. Number.....

Please turn over →

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<p><b>LRA Form 7.15</b> <b>Section 137</b> <b>Labour Relations Act,</b> <b>1995</b></p>	<p align="center"><b>APPLICATION TO APPOINT SENIOR COMMISSIONER TO ARBITRATE</b></p> <div align="right">  </div>	
<p><b>Read This First</b></p> <p align="center"></p> <p><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p><i>This form is an application by a party to the CSC of the CCMA to appoint a Senior Commissioner to arbitrate.</i></p> <p><b>WHO FILLS IN THIS FORM?</b></p> <p><i>A party to the dispute.</i></p> <p><b>WHERE DOES THIS FORM GO?</b></p> <p><i>The CSC of the Provincial Office. Please refer to the last page for details.</i></p> <p><b>OTHER INSTRUCTIONS</b></p> <p><i>Two documents must be attached to this form:</i></p> <p>(a) A motivation; (b) Proof that a copy of this form has been served on the other party must be supplied by attaching:</p> <ul style="list-style-type: none"> <li>▪ A copy of a registered slip from the Post Office;</li> <li>▪ A copy of a signed receipt if hand delivered;</li> <li>▪ A signed statement confirming service by the person delivering the form;</li> <li>▪ A copy of a fax confirmation slip; or</li> <li>▪ Any other satisfactory proof of service.</li> </ul> <p><b>CHECK!</b></p> <p><i>Have you sent a copy of this completed form to the other party?</i> <i>Have you included proof (that you have sent a copy to the other party) with this form?</i> <i>Have you attached your motivation (see section 137)?</i></p>	<p><b>1. APPLICATION</b></p> <p><i>I/we apply to the CCMA to appoint a Senior Commissioner to resolve the dispute which has the following reference number: .....</i></p> <p><b>2. MOTIVATION</b></p> <p><i>Prepare a motivation which deals with the issues raised in section 137 of the Act. Some of these issues are:</i></p> <ul style="list-style-type: none"> <li>• <i>the complexity of the dispute;</i></li> <li>• <i>whether there are conflicting arbitration awards that are relevant to the dispute;</i></li> <li>• <i>the public interest;</i></li> <li>• <i>the nature of the question of law raised by the dispute.</i></li> </ul> <p><b>3. CONFIRMATION OF ABOVE DETAILS:</b></p> <p><i>Form submitted by (name):.....</i></p> <p><i>Signature: .....</i></p> <p><i>Position: .....</i></p> <p><i>Date: .....</i></p> <p><i>Place: .....</i></p>	
	<p><b>CCMA Ref. Number.....</b></p>	<p><b>Please turn over</b> →</p>

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**LRA Form 7.16**  
 Rule 37 of the CCMA Rules  
**Section 142(1)(a),(b) and (c)**  
**Labour Relations Act, 1995**

# SUBPOENA



To:

\_\_\_\_\_  
 (Name of Subpoenaed Person)

\_\_\_\_\_  
 (Organisation of Subpoenaed Person)

\_\_\_\_\_  
 (Address of Subpoenaed Person)

A Commissioner has been appointed to attempt to resolve a dispute in terms of the Labour Relations Act, 1995 (No. 66 of 1995)

Commissioner \_\_\_\_\_ has been appointed.  
 (Name of Commissioner)

The dispute is between \_\_\_\_\_

\_\_\_\_\_  
 (Names of Parties)

\_\_\_\_\_  
 (Issue of Dispute)

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

\_\_\_\_\_  
 (Address where hearing is being held)

on \_\_\_\_\_

(Date of Hearing)

at \_\_\_\_\_

(Time of Hearing)

You are subpoenaed:

☐

for questioning in terms of Section 142(1)(a)

☐

to produce any book, document or object in terms of Section 142(1)(b)

☐

to give expert evidence in terms of Section 142(1)(c)

**(Highlight/mark appropriate block)**

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(List books, documents and objects)

☐

The party requesting the subpoena has been directed to furnish you with the first day witness fees together with the reasonable travel expenses to attend the hearing.

\_\_\_\_\_  
 (Signed by CCMA CSC)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Place)

**LRA Form 7.17**  
Rule 39 of the CCMA Rules  
**Section 115 and S138(10)**  
**Labour Relations Act of**  
**1995**

## REQUEST FOR TAXATION



### READ THIS FIRST



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

To tax a bill of costs.

#### WHO FILLS IN THE FORM?

The party requesting the taxation.

#### WHERE DOES THE FORM GO?

To the Registrar at the provincial office of the CCMA where the cost order was made. Please refer to last page for details.

#### OTHER INSTRUCTIONS

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

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

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

A copy of the draft bill of costs must be attached to this form.

#### 1. DETAILS OF PARTY REQUESTING TAXATION:

Surname:..... First Names:.....

Identity number:.....

Postal Address:.....

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

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

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

#### 2. DETAILS OF OTHER PARTY

Names:.....

Postal Address:.....

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

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

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

#### 3. REQUEST FOR TAXATION:

Case Reference Number .....

In the case between ..... and  
(applicant)  
..... a cost order was  
(respondent)

made in favour of the applicant/respondent.

In terms of Rule 39 of the CCMA Rules I/we now request that the matter be set down for taxation.

The bill of costs is attached.

#### 4. CONFIRMATION OF ABOVE DETAILS:

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

Signature:.....

Position: .....

Date: .....

Place: .....

CCMA Ref. Number.....

Please turn over →

## PROVINCIAL OFFICES OF THE CCMA

**CCMA MPUMALANGA**

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**CCMA FREE STATE**

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Fax: (015) 297-1649  
Email: [PTB@ccma.org.za](mailto:PTB@ccma.org.za)

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Fax: (031) 306-5402  
Email: [KZN@ccma.org.za](mailto:KZN@ccma.org.za)

**CCMA WESTERN CAPE**

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**CAPE TOWN**  
Private Bag X9167, CAPE TOWN, 8000  
Tel: (021) 469-0111  
Fax: (021) 465-7197 or 465-7193  
Email: [CTN@ccma.org.za](mailto:CTN@ccma.org.za)

LRA Form 7.18

Section 143

Labour Relations Act, 1995  
as amended**APPLICATION TO CERTIFY  
CCMA AWARD AND WRIT OF  
EXECUTION****READ THIS FIRST****WHAT IS THE PURPOSE OF THIS FORM?**

This form requests the Director of the CCMA to certify that an award made by a CCMA Commissioner is a genuine award.

If the party against whom an award was made does not comply with an award that has been certified, the award may be enforced in the same manner as a Labour Court order. This is done by:

**Part 1**

- 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;
- completing part 1 of this form by the applicant or, by a duly authorised representative;
- making an oath before a Commissioner of Oaths;

**Part 2**

- submitting the form to the Director of the CCMA for certification;

**Part 3**

- obtaining a writ of execution from the Registrar of the Labour Court in the case of an award ordering the payment of money; or
- in the case of any other award, initiating contempt of court proceedings in the Labour Court.

IN THE CCMA FOR THE PROVINCE OF:.....

CASE NO:.....

In the matter between:

..... REFERRING PARTY

and

..... OTHER PARTY

**PART 1: APPLICATION IN TERMS OF SECTION 143 OF THE LRA 66/1995**

I, the undersigned:

.....  
(name)

do hereby make oath and say:

1. I am/represent .....the referring / other party  
(delete whichever is not applicable) in the matter referred to above (referred to in this document as 'the applicant').
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.
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).....  
Proof of Service is contained in the CCMA files and a copy of the poof of service is attached to this form.

CCMA Ref No .....

Please turn over





**WHO FILLS IN PART 1 OF THIS FORM?**

A party applying to have an arbitration award certified must complete Part 1. They must state whether they are the referring party or the other party in the matter. If the party is a legal person such as a trade union, employer's organisation or company, the form must be completed by a duly authorised representative.

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

A certified 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 respondent 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



LRA Form 7.18  
Application to Certify CCMA Award and Writ of Execution  
Page 3 of 5

**DELEGATION OF POWER TO  
CERTIFY AWARDS**

An official who, in terms of section 118(6) has been delegated the power to certify awards, must attach a copy of that delegation

**THE STATUS OF A  
CERTIFIED AWARD**

In terms of sections 143(1) and (3) of the LRA, an arbitration award that has been certified by the Director may be enforced in the same manner as a Labour Court order. In terms of section 163 a Labour Court order may be executed in the same manner as a High court order.

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 respondents' property, must have a writ of execution in Part 3 of the form authorised by the Registrar of the Labour Court.

**CHECK**

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

**PART 2****CERTIFICATE IN TERMS OF SECTION 143(3) OF LRA 66/1995**

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 by a Commissioner as contemplated by Section 143(1).

.....  
**DIRECTOR - CCMA**

.....  
**DATE**

Please turn over



### WHAT IS THE PURPOSE OF THIS FORM?

This part of the form requests the Registrar of the Labour Court to issue a writ of execution against the respondents' property. Once the Registrar has issued this form, it must be delivered to the Sheriff of the Court in the district in which the respondent is situated.

### WHO FILLS IN THIS FORM?

A party seeking to attach the property of the respondent must complete part 3 if the Director of the CCMA has certified an award in terms of Section 143 of the LRA.

If the party is a legal person, such as a trade union, employer's organisation or a company, a duly authorised representative must complete the form.

### WHERE MUST THIS FORM BE TAKEN?

The registrar of the Labour Court must issue this form.

(See overleaf for details)

### PART 3

#### WRIT OF EXECUTION

To the Sheriff/or his Deputy:

for the district of .....

You are hereby directed to:

- (a) attach and take into possession the movable goods of .....  
.....  
the above-mentioned respondent of ..... (address);  
and
- (b) to realize by public auction of those goods:
  - (i) the sum of ..... awarded to the applicant in the above matter in terms of an arbitration award ('the award') dated ..... and certified by Director of the CCMA on (date) .....
  - (ii) interest on the amount specified in paragraph (i) at the rate of ..... percent annually calculated in accordance with section 143(2) of the Labour Relations Act from the date of the award;
  - (iii) the sum of ..... for the taxed costs awarded to the applicant in terms of the award;
  - (iv) all costs incurred in executing this warrant;
- (c) to pay to the applicant or the applicant's attorney the amounts due to the applicant;
- (d) to return this writ to the applicant or the applicant's attorney together with a return of service stating what you have done in execution of this writ.

DATED at ..... this .....  
day of ..... 20.....

.....  
**REGISTRAR OF THE LABOUR COURT**

APPLICANT .....

ADDRESS .....

CONTACT DETAILS .....

Please turn over



LRA Form 7.18

Application to Certify CCMA Award and Writ of Execution

Page 5 of 5

**LABOUR COURTS  
CONTACT DETAILS****GAUTENG**

86 Juta Street  
Arbour Square  
Braamfontein 2001

PRIVATE BAG X 52 BRAAMFONTEIN 2017

Tel: 011 403 4893

Fax: 011 403 9327

**WESTERN CAPE**

Twinell House (1<sup>st</sup> Floor)  
113 Loop Street Vlaeberg  
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Fax: 021 4249059

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480 Smith Street  
Durban  
4000

PRIVATE BAG X 54370 DURBAN 4000

Tel: 031 3010111/04

Fax: 031 3010145

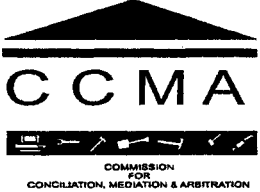


**PORT ELIZABETH**

Auto & General Towers  
190 Govan Mbeki Avenue  
Port Elizabeth  
4000

PRIVATE BAG X 6004 P ELIZABETH 4000

Tel: 041 5864923 / 4/1

Fax: 041 5859860

<p>LRA form 7.18A Section 143 read with section 51(8) Labour Relations Act 1995</p>	<p><b>APPLICATION TO CERTIFY BARGAINING COUNCIL AWARD AND WRIT OF EXECUTION</b></p>	
<p><b>READ THIS FIRST</b></p>  <p><b>WHAT IS THE PURPOSE OF THIS FORM?</b> This form requests the Director of the CCMA to certify that an award made in an arbitration conducted under the auspices of a bargaining council is a genuine award.</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 in the same manner as a Labour Court order. This is done by:</p> <p><b>Part 1</b></p> <ul style="list-style-type: none"> <li>obtaining a copy of the arbitration award;</li> <li>obtaining proof of service of the award on the other party from the CCMA office;</li> <li>attaching a copy of the arbitration award and proof of service to this form;</li> <li>completing part 1 of this form by the applicant or by a duly authorised representative;</li> <li>making an oath before a Commissioner of Oaths;</li> </ul> <p><b>Part 2</b></p> <ul style="list-style-type: none"> <li>a duly authorised representative of the bargaining council completing part 2 of this form;</li> </ul> <p><b>Part 3</b></p> <ul style="list-style-type: none"> <li>submitting the form to the Director of the CCMA for certification;</li> </ul> <p><b>Part 4</b></p> <ul style="list-style-type: none"> <li>obtaining a writ of execution from the Registrar of the Labour Court in the case of an award ordering the payment of money; or</li> <li>in the case of any other award, initiating contempt of court proceedings in the Labour Court.</li> </ul>	<p>.....BARGAINING COUNCIL .....CASE NUMBER</p> <p>In the matter between:</p> <p>.....REFERRING PARTY and .....OTHER PARTY</p> <p><b>PART 1: APPLICATION IN TERMS OF SECTION 143 OF THE LRA 66/1995</b></p> <p>I, the undersigned:</p> <p>..... (name)</p> <p>do hereby make oath and say:</p> <p>1. I am/represent .....the referring party / 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 to 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) Proof of service is contained in the bargaining council records and a copy of the proof of service is attached to this form.</p> <p>CCMA Ref. Number ..... Please turn over </p>	

**WHO FILLS IN PART 1 OF THIS FORM**

A party applying to have an arbitration award certified must complete Part 1. They must state whether they are the referring party or the other party in the matter. If the party is a legal person, such as a trade union, employer's organisation or company, a duly authorised representative must complete the form.

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

A certified 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 arbitrator's award.
- Proof that the award was served on the other party.

4. To date the respondent 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 acknowledged that he/she knows and understands the contents of this affidavit, which was signed and sworn to before me at .....

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

.....  
**COMMISSIONER OF OATHS**

Please turn over →

**THE STATUS OF A CERTIFIED AWARD**

In terms of sections 143(1) and (3) of the LRA, an arbitration award that has been certified by the Director may be enforced in the same manner as a Labour Court order. Section 51(8) provides that section 143 applies to arbitrations conducted by bargaining councils unless a collective agreement concluded by the council provides otherwise. In terms of section 163, a Labour Court order may be executed in the same manner as a High Court order.

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 respondents' property must complete the writ of execution in Part 4 of this form and have it authorised by the Registrar of the Labour Court.

**DELEGATION OF POWER TO CERTIFY AWARDS**

An official who, in terms of section 118(6) has been delegated the power to certify awards must attach a copy of that delegation.

**CHECK**

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

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

I, the undersigned

do hereby make oath and say:

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

Proof of service is attached to this form.

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

**DEPONENT**

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

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

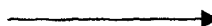
**COMMISSIONER OF OATHS****PART 3****CERTIFICATE IN TERMS OF SECTION 143 (3) OF THE LRA 66/1995**

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

DIRECTOR - CCMA

DATE

Please turn over



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

This part of the form requests the Registrar of the Labour Court to issue a writ of execution against the Respondent's property. Once the Registrar has issued this form, it must be delivered to the Sheriff of the Court in the district in which the respondent is situated.

**WHO FILLS IN THIS FORM?**

A party seeking to attach the property of the respondent must complete part 3 if the Director of the CCMA has certified an award in terms of Section 143 of the LRA.

If the party is a legal person, such as a trade union, employer's organisation or a company, a duly authorised representative must complete the form.

**WHERE MUST THIS FORM BE TAKEN?**

The registrar of the Labour Court must issue this form.

(See overleaf for details)

**PART 4****WRIT OF EXECUTION**

To the Sheriff/or his Deputy:

for the district of .....

You are hereby directed to:

(a) attach and take into possession the movable goods of .....

the above-mentioned respondent of .....

(address);

and

(b) to realize by public auction of those goods:

(i) the sum of ..... awarded to the applicant in the above matter in terms of an arbitration award ('the award') dated ..... and certified by Director of the CCMA on (date) .....

(ii) interest on the amount specified in paragraph (i) at the rate of ..... percent annually calculated in accordance with section 143(2) of the Labour Relations Act from the date of the award;

(iii) the sum of ..... for the taxed costs awarded to the applicant in terms of the award;

(iv) all costs incurred in executing this warrant;

(c) to pay to the applicant or the applicant's attorney the amounts due to the applicant;

(d) to return this writ to the applicant or the applicant's attorney together with a return of service stating what you have done in execution of this writ.

DATED at ..... this .....

day of ..... 20.....

REGISTRAR OF THE LABOUR COURT

APPLICANT .....

ADDRESS: .....

CONTACT DETAILS: .....

Please turn over →



**LABOUR COURTS  
CONTACT DETAILS****GAUTENG**

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Braamfontein 2001

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Fax: 031 3010145

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Auto & General Towers  
190 Govan Mbeki Avenue  
Port Elizabeth  
4000

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Tel: 041 5864923 / 4/1  
Fax: 041 5859860

LRA Form 7.19

Section 188A

Labour Relations Act,  
1995

Read This First

**WHO FILLS IN THIS FORM?**An employer requesting a  
pre-dismissal arbitration.**WHERE DOES THIS  
FORM GO?**To the Registrar, Provincial  
Office of the CCMA. Please  
refer to the last page for details.**CONSENT**A pre-dismissal arbitration may  
only be conducted with the  
consent of the employee, or  
where an employee earning  
more than R 89 499 per annum  
has consented to the holding of  
the pre-dismissal arbitration in a  
contract of employment.**REQUEST FOR  
PRE-DISMISSAL ARBITRATION****1. DETAILS OF EMPLOYER REQUESTING PRE-DISMISSAL ARBITRATION**

Name : .....

Postal Address: .....

Contact Person: .....

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

Cell: ..... E-mail: .....

**2. REQUEST DETAILS**

The conduct of a pre-dismissal arbitration against .....

(Name of Employee)

for misconduct / incapacity.

Full name of employee : .....

Postal address: .....

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

Cell: ..... E-mail: .....

**3. ALLEGATIONS ABOUT CONDUCT OR CAPACITY**

Attach a copy of the charges to this form

**4. CONFIRMATION AND CONSENT TO PRE-DISMISSAL ARBITRATION**

I .....

(Name of Employee)

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

(a) I consent to the process; or

(b) I earn more than R89 499 per annum and have consented to the process in my  
contract of employment. A copy of the contract of employment is attached hereto.

EMPLOYEES SIGNATURE

WITNESS

Please turn over →

**FEES 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.

**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:

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

Tick the correct box ☒

**5. PAYMENT OF FEES:**

Proof of payment of the prescribed fee of R3 420 (R3 000 plus VAT) is attached.

**6. PLACE OF HEARING**

Please select where you would like the pre-dismissal arbitration hearing to take place:

- ☐ CCMA Office
- ☐ Employer Premises

If you select employer premises, please provide address of employer premises

.....

.....

.....

.....

**7. SERVICES****(a) Interpretation Services**

Do you require an interpreter at the conciliation pre-dismissal arbitration?

- ☐ Yes
- ☐ No

If yes, please indicate for what language:

- |                                    |                                     |   |  |
|------------------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> IsiNdebele | <input type="checkbox"/> IsiZulu                      | <input checked="" type="checkbox"/> isiXhosa |
| <input type="checkbox"/> Sepedi    | <input type="checkbox"/> Sesotho    | <input checked="" type="checkbox"/> Setswana          | <input type="checkbox"/> siSwati             |
| <input type="checkbox"/> Tshivenda | <input type="checkbox"/> Xitsonga   | <input type="checkbox"/> Other (please indicate)..... |  |

**(b) Other**

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

.....

.....

.....

**8. CONFIRMATION OF ABOVE DETAILS:**

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

Signature:.....

Position: .....

Date: .....

Place: .....

Please turn over →

## PROVINCIAL OFFICES OF THE CCMA

**CCMA MPUMALANGA**

Foschini Centre  
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Private Bag X7290, WITBANK, 1035  
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Private Bag X22500, PORT ELIZABETH, 6000  
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Fax: (041) 586-4585  
Email: [PE@ccma.org.za](mailto:PE@ccma.org.za)

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Fax: (018) 462-4126  
Email: [KDR@ccma.org.za](mailto:KDR@ccma.org.za)

**CCMA FREE STATE**

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Cnr Elizabeth & Westburger Street  
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Private Bag X20705, BLOEMFONTEIN, 9300  
Tel: (051) 505-4400  
Fax: (051) 448-4468/9  
Email: [BLM@ccma.org.za](mailto:BLM@ccma.org.za)

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**CCMA LIMPOPO**

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Fax: (021) 465-7197 or 465-7193  
Email: [CTN@ccma.org.za](mailto:CTN@ccma.org.za)

LRA Form 7.20  
Labour Relations Act 1995  
Section 189A

## REQUEST FOR SECTION 189A OPERATIONAL REQUIREMENTS FACILITATION



### READ THIS FIRST



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

This form enables a party to initiate a section 189A facilitation process.

#### WHO FILLS IN THIS FORM?

- 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.

#### WHERE DOES THIS FORM GO?

The Registrar, Provincial Office of the CCMA in the province where the dismissals for operational requirements is contemplated. See details on this page.

#### WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?

When you request facilitation the CCMA will appoint a facilitator to assist the parties engaged in consultation process.

#### PROVINCIAL OFFICES OF THE CCMA

##### CCMA EASTERN CAPE

107 Govan Mbeki Street  
PORT ELIZABETH  
Private Bag X22500, PORT  
ELIZABETH 6000  
Tel: (041) 505 4300  
Fax: (041) 586-4585  
Email: [PE@ccma.org.za](mailto:PE@ccma.org.za)

##### CCMA NORTH WEST PROVINCE

CCMA House 47 Siddle Street,  
KLERKSDORP  
Private Bag X5004, KLERKSDORP, 2571  
Tel: (018) 464-0700  
Fax: (018) 462-4126  
Email: [KDR@ccma.org.za](mailto:KDR@ccma.org.za)

##### CCMA FREE STATE

NBS Building,  
Cnr Elizabeth & Westburger Street  
BLOEMFONTEIN  
Private Bag X20705,  
BLOEMFONTEIN, 9300  
Tel: (051) 505-4400  
Fax: (051) 448-4468/9  
Email: [BLM@ccma.org.za](mailto:BLM@ccma.org.za)

##### CCMA NORTHERN CAPE

CCMA House, 1A Bean Street  
KIMBERLEY  
Private Bag X6100, KIMBERLEY, 8300  
Tel: (053) 831-6780  
Fax: (053) 831-5947/8  
Email: [KMB@ccma.org.za](mailto:KMB@ccma.org.za)

##### CCMA GAUTENG

CCMA House, 20 Anderson Street,  
JOHANNESBURG  
Private Bag X94, MARSHALLTOWN,  
2107  
Tel: (011) 377-6600  
Fax: (011) 377-6678/58/80  
Email: [GAUTENG@ccma.org.za](mailto:GAUTENG@ccma.org.za)

##### CCMA LIMPOPO

CCMA House, 104 Hans van Rensburg  
Street,  
POLOKWANE  
Private Bag X9512, POLOKWANE, 0700  
Tel: (015) 297-5010  
Fax: (015) 297-1649  
Email: [PTB@ccma.org.za](mailto:PTB@ccma.org.za)

##### CCMA KWAZULU NATAL

Garlicks Chambers, 61 Field Street,  
DURBAN  
Private Bag X54363, Durban 4000  
Tel: (031) 362 - 2300  
Fax: (031) 306-5402  
Email: [KZN@ccma.org.za](mailto:KZN@ccma.org.za)

##### CCMA WESTERN CAPE

CCMA House, 78 Darling Street,  
CAPE TOWN  
Private Bag X9167, Cape Town, 8000  
Tel: (021) 469-0111  
Fax: (021) 465-7197 or 465-7193  
Email: [CTN@ccma.org.za](mailto:CTN@ccma.org.za)

##### CCMA MPUMALANGA

CCMA House, Eadie Street  
WITBANK  
Private Bag X7290, WITBANK 1035  
Tel: (013) 656-2800  
Fax: (013) 656-2885/6  
Email: [WTB@ccma.org.za](mailto:WTB@ccma.org.za)

Tick the correct box ☒

#### OTHER PARTIES

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

#### OTHER INSTRUCTIONS

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

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

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

#### CHECK!

Have you attached proof that this form has been served on the other party?

Does the employer employ more than 50 employees?

#### 1. DETAILS OF PARTY REQUESTING FACILITATION

Employer *Party representing majority of employees*

Postal Address: .....

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

Contact Person: .....

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

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

#### 2. DETAILS OF THE OTHER PARTY

Name: .....

Postal Address: .....

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

Contact Person: .....

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

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

#### 3. HOW MANY EMPLOYEES DOES THE EMPLOYER EMPLOY? .....

#### 4. HOW MANY EMPLOYEES ARE LIKELY TO BE AFFECTED BY THE PROPOSED RETRENCHMENT? .....

#### 5. HOW MANY EMPLOYEES HAS THE EMPLOYER DISMISSED FOR OPERATIONAL REQUIREMENTS IN THE PAST 12 MONTHS? .....

#### 6. ATTACH THE SECTION 189(3) NOTICE ISSUED BY THE EMPLOYER TO THIS FORM

Please turn over



### 7. SUMMARISE THE FACTS RELATING TO THE CONTEMPLATED DISMISSALS FOR OPERATIONAL REQUIREMENTS

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

### 8. SECTOR

Indicate the sector or service in which the dispute arose.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Retail sector      | <input type="checkbox"/> Private Security             | <input type="checkbox"/> Public Service    |
| <input type="checkbox"/> Distribution       | <input type="checkbox"/> Food & Beverage              | <input type="checkbox"/> Agriculture       |
| <input type="checkbox"/> Wholesale          | <input type="checkbox"/> Building & Construction      | <input type="checkbox"/> Contract Cleaning |
| <input type="checkbox"/> Media & Television | <input type="checkbox"/> Mining                       | <input type="checkbox"/> Metal             |
| <input type="checkbox"/> Motor              | <input type="checkbox"/> Chemical                     | <input type="checkbox"/> Health            |
| <input type="checkbox"/> Transport          | <input type="checkbox"/> Services                     | <input type="checkbox"/> Paper & Printing  |
| <input type="checkbox"/> Domestic           | <input type="checkbox"/> Other (please describe)..... |  |

### 9. INTERPRETATION SERVICES

Do you require an interpreter at the facilitation?

☐ YES

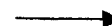
☐ NO

If yes, please indicate for what language:

- |                                    |                                     |   |                                   |
|------------------------------------|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> isiNdebele | <input type="checkbox"/> isiZulu                      | <input type="checkbox"/> isiXhosa |
| <input type="checkbox"/> Sepedi    | <input type="checkbox"/> Sesotho    | <input type="checkbox"/> Setswana                     | <input type="checkbox"/> siSwati  |
| <input type="checkbox"/> Tshivenda | <input type="checkbox"/> Xitsonga   | <input type="checkbox"/> Other (please indicate)..... |                                   |

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

Please turn over



LRA Form 7.20

Request for section 189A operational requirements facilitation

Page 4 of 4 pages

Special features might be the urgency of the matter, the large number of people involved, important legal or labour issues etc.

**10. SPECIAL FEATURES / ADDITIONAL INFORMATION**

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

.....

.....

.....

.....

.....

.....

**11. PLACE OF FACILITATION**

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

- ☐ CCMA Office
- ☐ Employer Premises

If you select employer premises, please provide address of employer premises

.....

.....

.....

.....

.....

**12. CONFIRMATION OF ABOVE DETAILS:**

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



Signature: .....

Position: .....

Date: .....

Place: .....



<p><b>LRA Form 7.21</b> Labour Relations Act 1995 Section 200A(3)</p>	<p align="center"><b>REQUEST FOR ADVISORY AWARD ON WHETHER A PERSON IS AN EMPLOYEE</b></p>												
<p align="center"><b>READ THIS FIRST</b></p> <p align="center"></p> <p><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p>This form is a request to the CCMA to issue an advisory award determining whether a person is an employee.</p> <p><b>WHO FILLS IN THIS FORM?</b></p> <p>The parties to any working arrangement may request an advisory award provided the affected person/s earn R89 499 per annum or less.</p> <p><b>WHERE DOES THIS FORM GO?</b></p> <p>The Registrar, Provincial Office of the CCMA. See details on this page.</p> <p><b>WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?</b></p> <p>The CCMA will appoint a commissioner to hear the matter and issue an advisory award.</p>	<p align="center"><b>PROVINCIAL OFFICES OF THE CCMA</b></p> <table border="0"> <tr> <td data-bbox="494 481 861 672"> <p><b>CCMA EASTERN CAPE</b> 107 Govan Mbeki Street <b>PORT ELIZABETH</b> Private Bag X22500, PORT ELIZABETH 6000 Tel: (041) 505 4300 Fax: (041) 586-4585 Email: <a href="mailto:PE@ccma.org.za">PE@ccma.org.za</a></p> </td> <td data-bbox="933 481 1300 672"> <p><b>CCMA NORTH WEST PROVINCE</b> CCMA House 47 Siddle Street, <b>KLERKSDORP</b> Private Bag X5004, KLERKSDORP, 2571 Tel: (018) 464-0700 Fax: (018) 462-4126 Email: <a href="mailto:KDR@ccma.org.za">KDR@ccma.org.za</a></p> </td> </tr> <tr> <td data-bbox="494 705 861 918"> <p><b>CCMA FREE STATE</b> NBS Building, Cnr Elizabeth &amp; Westburger Street <b>BLOEMFONTEIN</b> Private Bag X20705, BLOEMFONTEIN, 9300 Tel: (051) 505-4400 Fax: (051) 448-4468/9 Email: <a href="mailto:BLM@ccma.org.za">BLM@ccma.org.za</a></p> </td> <td data-bbox="933 705 1300 896"> <p><b>CCMA NORTHERN CAPE</b> CCMA House, 1A Bean Street <b>KIMBERLEY</b> Private Bag X6100, KIMBERLEY, 8300 Tel: (053) 831-6780 Fax: (053) 831-5947/8 Email: <a href="mailto:KMB@ccma.org.za">KMB@ccma.org.za</a></p> </td> </tr> <tr> <td data-bbox="494 952 861 1142"> <p><b>CCMA GAUTENG</b> CCMA House, 20 Anderson Street, <b>JOHANNESBURG</b> Private Bag X94, MARSHALLTOWN, 2107 Tel: (011) 377-6600 Fax: (011) 377-6678/58/80 Email: <a href="mailto:GAUTENG@ccma.org.za">GAUTENG@ccma.org.za</a></p> </td> <td data-bbox="933 952 1300 1142"> <p><b>CCMA LIMPOPO</b> 104 Hans van Rensburg Street, <b>POLOKWANE</b>, 0699 Private Bag X9512, POLOKWANE 0700 Tel: (015) 297-5010 Fax: (015) 297-1649 Email: <a href="mailto:PTB@ccma.org.za">PTB@ccma.org.za</a></p> </td> </tr> <tr> <td data-bbox="494 1176 861 1366"> <p><b>CCMA KWAZULU NATAL</b> Garlicks Chambers, 61 Field Street, <b>DURBAN</b> Private Bag X54363, Durban 4000 Tel: (031) 362 - 2300 Fax: (031) 306-5402 Email: <a href="mailto:KZN@ccma.org.za">KZN@ccma.org.za</a></p> </td> <td data-bbox="933 1176 1300 1366"> <p><b>CCMA WESTERN CAPE</b> CCMA House, 78 Darling Street, <b>CAPE TOWN</b> Private Bag X9167, Cape Town, 8000 Tel: (021) 469-0111 Fax: (021) 465-7197 or 465-7193 Email: <a href="mailto:CTN@ccma.org.za">CTN@ccma.org.za</a></p> </td> </tr> <tr> <td data-bbox="494 1400 861 1590"> <p><b>CCMA MPUMALANGA</b> CCMA House, Eadie Street <b>WITBANK</b> Private Bag X7290, WITBANK 1035 Tel: (013) 656-2800 Fax: (013) 656-2885/6 Email: <a href="mailto:WTB@ccma.org.za">WTB@ccma.org.za</a></p> </td> <td></td> </tr> </table>			<p><b>CCMA EASTERN CAPE</b> 107 Govan Mbeki Street <b>PORT ELIZABETH</b> Private Bag X22500, PORT ELIZABETH 6000 Tel: (041) 505 4300 Fax: (041) 586-4585 Email: <a href="mailto:PE@ccma.org.za">PE@ccma.org.za</a></p>	<p><b>CCMA NORTH WEST PROVINCE</b> CCMA House 47 Siddle Street, <b>KLERKSDORP</b> Private Bag X5004, KLERKSDORP, 2571 Tel: (018) 464-0700 Fax: (018) 462-4126 Email: <a href="mailto:KDR@ccma.org.za">KDR@ccma.org.za</a></p>	<p><b>CCMA FREE STATE</b> NBS Building, Cnr Elizabeth &amp; Westburger Street <b>BLOEMFONTEIN</b> Private Bag X20705, BLOEMFONTEIN, 9300 Tel: (051) 505-4400 Fax: (051) 448-4468/9 Email: <a href="mailto:BLM@ccma.org.za">BLM@ccma.org.za</a></p>	<p><b>CCMA NORTHERN CAPE</b> CCMA House, 1A Bean Street <b>KIMBERLEY</b> Private Bag X6100, KIMBERLEY, 8300 Tel: (053) 831-6780 Fax: (053) 831-5947/8 Email: <a href="mailto:KMB@ccma.org.za">KMB@ccma.org.za</a></p>	<p><b>CCMA GAUTENG</b> CCMA House, 20 Anderson Street, <b>JOHANNESBURG</b> Private Bag X94, MARSHALLTOWN, 2107 Tel: (011) 377-6600 Fax: (011) 377-6678/58/80 Email: <a href="mailto:GAUTENG@ccma.org.za">GAUTENG@ccma.org.za</a></p>	<p><b>CCMA LIMPOPO</b> 104 Hans van Rensburg Street, <b>POLOKWANE</b>, 0699 Private Bag X9512, POLOKWANE 0700 Tel: (015) 297-5010 Fax: (015) 297-1649 Email: <a href="mailto:PTB@ccma.org.za">PTB@ccma.org.za</a></p>	<p><b>CCMA KWAZULU NATAL</b> Garlicks Chambers, 61 Field Street, <b>DURBAN</b> Private Bag X54363, Durban 4000 Tel: (031) 362 - 2300 Fax: (031) 306-5402 Email: <a href="mailto:KZN@ccma.org.za">KZN@ccma.org.za</a></p>	<p><b>CCMA WESTERN CAPE</b> CCMA House, 78 Darling Street, <b>CAPE TOWN</b> Private Bag X9167, Cape Town, 8000 Tel: (021) 469-0111 Fax: (021) 465-7197 or 465-7193 Email: <a href="mailto:CTN@ccma.org.za">CTN@ccma.org.za</a></p>	<p><b>CCMA MPUMALANGA</b> CCMA House, Eadie Street <b>WITBANK</b> Private Bag X7290, WITBANK 1035 Tel: (013) 656-2800 Fax: (013) 656-2885/6 Email: <a href="mailto:WTB@ccma.org.za">WTB@ccma.org.za</a></p>	
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LRA form 7.21

Request for Advisory Award on Whether a Person is an Employee

Page 2 of 4

**READ THIS FIRST**Tick the correct box ☒

The name of the employee or an employer that is referring the request must be filled in (a).

If there is more than one employee to the dispute and the referring party is not a trade union, then each employee must supply their personal details and signature on a separate page, which must be attached to this form.

These alternate contact details should be of a union official or representative, a relative or a friend.

The name of the trade union or employers organisation that is referring the request or assisting a member to refer the request must be filled in (b).

**OTHER PARTIES**

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

Tick the correct box ☒**1. DETAILS OF PARTY REQUESTING THE ADVISORY AWARD**

As the referring party, are you:

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

**(a) Name of the party if the referring party is an employee or employer**

Name:.....

ID Number:.....

Postal Address:.....

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

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

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

**Alternate contact details of employee:**

Name:.....

Postal Address:.....

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

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

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

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

Name:.....

Postal Address:.....

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

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

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

**2. DETAILS OF THE OTHER PARTY**

The other party is:

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

Name:.....

Postal Address:.....

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

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

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

Please Turn Over 

**PRESUMPTION**

Section 200A(1) lists factors, which, if present create a presumption that a person is an employee

Tick whichever box is applicable

☒
**EARNINGS**

An advisory award in terms of section 200A may only be sought in respect of person/s who earn amounts equal to, or less than, R89 499 per annum.

Tick the correct box

☒
**3. PRESUMPTION AS TO WHO IS AN EMPLOYEE**

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

- ☐ The manner in which the person works is subject to the control or direction of another person.
- ☐ The person's hours of work are subject to the control or direction of another person.
- ☐ The person forms part of the organization for whom the work is performed.
- ☐ The person has worked for that other person for at least 40 hours per month over the last three months.
- ☐ The person is economically dependent on the other person for whom he or she works or renders services.
- ☐ The person is provided with tools of trade or work equipment by the other person.
- ☐ The person only works for or renders services to one person.
- ☐ Or none of the above apply

**4. EARNINGS**

The person or persons included in the working arrangement earn:

1. ....per annum
2. ....per annum
3. ....per annum

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

**5. SECTOR**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Retail sector | <input type="checkbox"/> Private Security             | <input type="checkbox"/> Public Service    |
| <input type="checkbox"/> Mining        | <input type="checkbox"/> Paper & Printing             | <input type="checkbox"/> Health            |
| <input type="checkbox"/> Motor         | <input type="checkbox"/> Services                     | <input type="checkbox"/> Chemical          |
| <input type="checkbox"/> Distribution  | <input type="checkbox"/> Food & Beverage              | <input type="checkbox"/> Agriculture       |
| <input type="checkbox"/> Wholesale     | <input type="checkbox"/> Building & Construction      | <input type="checkbox"/> Contract Cleaning |
| <input type="checkbox"/> Domestic      | <input type="checkbox"/> Other (Please describe)..... |  |

Please turn over



LRA form 7.21

Request for Advisory Award on Whether a Person is an Employee

Page 4 of 4

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

Tick the correct box ☒

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

#### OTHER INSTRUCTIONS

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

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

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

#### 6. INTERPRETATION SERVICES

Do you require an interpreter at the advisory hearing? ☐ YES ☐ NO

If yes, please indicate for what language:

- |                                     |   |                                   |
|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Afrikaans  | <input type="checkbox"/> Sesotho                      | <input type="checkbox"/> Setswana |
| <input type="checkbox"/> Sepedi     | <input type="checkbox"/> Xitsonga                     | <input type="checkbox"/> isiXhosa |
| <input type="checkbox"/> Tshivenda  | <input type="checkbox"/> isiZulu                      | <input type="checkbox"/> siSwati  |
| <input type="checkbox"/> isiNdebele | <input type="checkbox"/> Other (Please indicate.....) |                                   |

#### 7. SPECIAL FEATURES / ADDITIONAL INFORMATION

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

.....

.....

.....

.....

.....

#### 8. CONFIRMATION OF ABOVE DETAILS

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

Signature: .....

Position: .....

Date: .....

Place: .....

LRA Form 9.1  
Section 205(1)  
Labour Relations Act,  
1995

# **EMPLOYER'S RECORD OF EMPLOYEE'S EARNINGS, DEDUCTIONS AND TIME WORKED**



READ THIS FIRST



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

This form is a record of employees' hours of work and their wages. The form assists inspectors and designated agents to check that certain minimum standards in terms of any collective agreement, award or determination is kept by employers.

## **WHO FILLS IN THIS FORM?**

The employer.

## **OTHER INSTRUCTIONS**

State employers that fall within the jurisdiction of the Public Service Co-ordinating Bargaining Council do not have to fill in this form.

### **1) GENERAL INFORMATION**

Date: .....

Shifts worked .....

a) from ..... to .....

b) from .....to .....

c) from .....to .....

### **2) EMPLOYEE INFORMATION**

Name: .....

ID number: .....

Occupation: .....

Status (full time or piece worker) .....

Age: .....

### **3) ORDINARY TIME WORKED (INCLUDES SHIFT WORK IF APPLICABLE AND EXCLUDES OVERTIME WORK)**

Day of the week	Hours worked	Shift a), b) or c)
Sunday	.....	.....
Monday	.....	.....
Tuesday	.....	.....
Wednesday	.....	.....
Thursday	.....	.....
Friday	.....	.....
Saturday	.....	.....
Total hours	.....	.....
Ordinary rate per hour	.....	.....
Amount due	.....	.....

... please turn over →

LRA Form 9.1

Employer's record of employee's earnings, deductions and time worked

Page 2 of 2

**4) OVERTIME**

Day of the week	Hours worked
Sunday	.....
Monday	.....
Tuesday	.....
Wednesday	.....
Thursday	.....
Friday	.....
Saturday	.....
Total overtime hours	.....
Overtime rate per hour	.....
Amount due	.....

**5) PAY****Earnings**

Amount from ordinary work	.....
Amount from overtime work	.....
Any other allowance	.....
Total	.....

**Deductions**

P.A.Y.E.	.....
Canteen	.....
Loan	.....
Other	.....
Total take home pay	.....

I, ..... certify that this information is correct.  
(employer's name)

Signature: .....

Date: .....

**LRA Form 9.2**  
**Section 205(3)(a)**  
**Labour Relations Act,**  
**1995**

## **RECORD OF STRIKE, LOCK-OUT OR PROTEST ACTION**



### **READ THIS FIRST**



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

An employer must keep a record of any strike, lock-out or protest action involving its employees.

#### **WHO FILLS IN THIS FORM?**

The employer.

#### **WHERE DOES THIS FORM GO?**

The Director-General  
 Department of Labour  
 Private Bag x117  
 Pretoria  
 0001

#### **OTHER INSTRUCTIONS**

The employer must submit this form within seven days of the completion of the strike, lockout or protest action.

If a strike, lockout or protest action occurs in more than one workplace of a single employer then a separate form must be completed for each workplace.

### **RECORD OF DETAILS OF STRIKE, LOCK-OUT OR PROTEST ACTION TO BE KEPT BY EMPLOYER IN TERMS OF SECTION 205(3)(A)**

#### **1) EMPLOYER DETAILS**

Name: .....

Physical address: .....

.....

Province: .....

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

Sector / nature of business: .....

.....

(eg food, mining, retail)

Are wages and working conditions normally determined in a bargaining or statutory council or similar industry-level body?

☒ No

☐ Yes: .....

.....

#### **2) DETAILS OF THE ACTION**

##### **Nature of action:**

☐ Strike in company only

☐ Multi-employer strike

☐ Lockout

☐ Stay-away, protest action

☐ Other industrial action, specify .....

.....

##### **Duration:**

Began ..... (Date) ..... (Time)

Ended..... (Date) ..... (Time)

Duration in workdays (or hours if relevant).....

... please turn over →

LRA Form 9.2  
Record of strike, lock-out or protest action  
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**Employees**

Number of employees involved ..... Number of total workforce.....

% of female employees involved ..... % of females in total workforce....

Total man-hours lost ..... Total wages lost in Rands .....

**Unions**

Which unions were involved?  
(If more than one union, list main union first. If no union then indicate.)

**Compliance with the Act**

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

..... Yes ..... No ..... Don't Know

If no, or don't know, please explain .....

**Reasons:**

Provide reasons for the action and describe the demands made:

**Strikes:**

If the action was a strike, please answer the following questions:

Did the employer lock-out the strikers? (defensive lockout) .....

How was the strike resolved? .....

Was replacement labour used? .....

How many strikes, other than this strike have you experienced in the last 36 months

Signature of employer: ..... Date:.....

Name of employer: .....