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

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	R0,50 for each page in the extract
	extract from, a document mentioned	. Arr
	in section 110(1)	e e e e e e e e e e e e e e e e e e e
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	
# # 10 x 10 x 10 x 25 x 2	extract from, a document mentioned	
	in section 127(7)(a)	
132(6)(b)	Providing a certified copy of, or	
	extract notice mentioned in section	
a_{1} .	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	Conscientious objector	LRA 3.1	Agency fee deducted pursuant to
26(8)	requests agency fee to be		the request must be remitted with

1 - Section	2 – Purpose	3 - Annexure	4 - Conditions
	paid to the Department of		annexure LRA 3.2
	Labour		
26(8)	List of deductions from	LRA 3.2	Agency fee deducted pursuant to
applying	conscientious objector's		the request must be remitted with
25(4)(b)	wages		annexure LRA 3.2
29(1)	Application for registration	LRA 3.3	1. Submit two copies
	of a bargaining council		2. Must be submitted to the
			Registrar of Labour Relations,
			c/o the Director General,
			Department of Labour,
		·.	Private Bag X117, Pretoria,
			0001.
32(1)	Bargaining council	LRA 3.5	1. Submit two copies
	requests extension of		2. Must be accompanied by a
	collective agreement to		current certificate of
	non-parties		representativeness in the form
			of annexure LRA Form 3.21
			3. Submit to the Minister, c/o the
The state of the s			Director General, Department
			of Labour, Private Bag X117,
			Pretoria, 0001.
32(6)(a)	Request to extend the	LRA 3.6	1. Submit two copies
	period of, or renew,		2. Must be accompanied by a
	collective agreement		current certificate of
	extended to non-parties		representativeness in the form
			of annexure LRA 3.21
			3. Submit to the Minister, c/o the
			Director General, Department
			of Labour, Private Bag X117,

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1 - Section	2 - Purpose	3 - Annexure	4 - Conditions
			CCMA
39(2)	Trade union applies for	LRA 3.14	1. Submit two copies
	establishment of a statutory		2. Submit to the Registrar of
	council		Labour Relations, c/o the
			Director General, Department
			of Labour, Private Bag X117,
			Pretoria, 0001.
39(2)	Employers' organisation	LRA 3.15	1. Submit two copies
	applies for establishment of	:	2. Submit to the Registrar of
	a statutory council		Labour Relations, c/o the
		the second	Director General, Department
-			of Labour, Private Bag X117,
and your			Pretoria, 0001.
48(1)	Statutory council applies to	LRA 3.19	1. Submit two copies
	register as a bargaining		2. Must be submitted to the
	council		Registrar of Labour Relations,
			c/o the Director General,
	1		Department of Labour, Private
	·		Bag X117, Pretoria, 0001.
58	Council applies for	LRA 3.22	1. Submit two copies
	variation of scope of		2. Submit to the Registrar of
	registration		Labour Relations, c/o the
			Director General, Department
			of Labour, Private Bag X117,
•			Pretoria, 0001.
62(1)	Application about	LRA 3.23	1. Proof of service on other party
	demarcation dispute		2. Submit to the Provincial
			Office of the CCMA
69(4)	Request to assist parties	LRA 4.1	Send a copy of request to

1 - Section	2 – Purpose	3 - Annexure	4 - Conditions
	reach agreement on		other party
,	picketing rules	**************************************	2. Submit to the Provincial
the first	engle in		Office of the CCMA
70(3)	Bargaining council request	LRA 4.7	1. Copy of current certificate of
	for essential service		accreditation
	investigation		2. Submit to the Essential
			Services Committee, c/o the
			CCMA
72	Request for ratification of	LRA 4.8	1. Copy of collective agreement
	collective agreement		2. Submit to the Essential
	providing for maintenance		Services Committee, c/o the
	of minimum services		CCMA
75(2)	Employer applies for	LRA 4.3	3. Proof of service on other party
	maintenance service		4. Submit to the Essential
	determination		Services Committee, c/o the
i di walan ili di	8 2 to 3		CCMA
80(2)	Representative trade union	LRA 5.1	1. Proof of service on other party
	applies to establish a		2. Submit to the Registrar in the
	workplace forum		Provincial Office of the
	·		CCMA
81(1)	Representative trade union	LRA 5.2	1. Proof of service on other party
	applies to establish a trade		2. Submit to the Registrar in the
,	union-based workplace		Provincial Office of the
	forum	, ,	CCMA
96(1)	Registration of a trade	LRA 6.1	1. Submit two copies
	union		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	LRA 6.2	1. Submit two copies
	employers' organisation		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	LRA 6.5	
	by a trade union		
99(a)	List of members to be kept	LRA 6.6	
	by an employers'	74 A. A.	A Company of the Comp
	organisation		
102(2)	Application by	LRA 6.9	1. Submit two copies
	amalgamating trade unions		2. Submit to the Registrar of
	for registration		Labour Relations, c/o the
			Director General, Department
			of Labour, Private Bag X117,
			Pretoria, 0001.
102(2)	Application by	LRA 6.10	1. Submit two copies
	amalgamating employers'		2. Submit to the Registrar of
	organisations for		Labour Relations, c/o the
	registration		Director General, Department
			of Labour, Private Bag X117,
			Pretoria, 0001.
127(1)	Council applies for	LRA 7.1	1. Attach a copy of the
	accreditation		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
	The state of the s		Body of the CCMA
The William			
127(1)	Private agency applies for	LRA 7.2	1. Attach a copy of the agency's
	accreditation	, in the second	code of conduct and the
			motivation for accreditation to
	1		the form
· · · · · · · · · · · · · · · · · · ·		100	2. Submit to the Governing
			Body of the CCMA
129(1)	Council or private agency	LRA 7.5	1. Attach a copy of the current
	applies to amend its		certificate of accreditation
	accreditation		2. Submit to Governing Body of
•		44	the CCMA
131(1)	Council applies to renew	LRA 7.6	1. Attach a copy of the current
	its accreditation	87,8	certificate of accreditation
			2. Submit to Governing Body of
			the CCMA
131(1)	Private agency applies to	LRA 7.7	1. Attach a copy of the current
	renew its accreditation		certificate of accreditation
			2. Submit to Governing Body of
	1.8		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	LRA 7.9	1. Attach a copy of the current
	subsidy		certificate of accreditation (if

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

1 - Section	2 - Purpose Manager	3 - Annexure	4 - Conditions
188A	Request for pre-dismissal	LRA 7.19	Submit to the Registrar in the
₩ 1.	arbitration	Barry 1	Provincial Office of the CCMA
189A	Request for operational	LRA 7.20	1. Proof of service on other
	requirements facilitation		party
the state of		*	2. Submit to the Registrar in the
# _B T	e de de la companya d		Provincial Office of the
			CCMA
200A3	Request for advisory award	LRA 7.21	2. Submit to the Registrar in the
F. F.	on whether a person is an		Provincial Office of the
	employee		CCMA
M. T			
. eta i	ing the grates of the second o		

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	LRA 3.4	Must bear the official stamp
	bargaining council		of the Registrar of Labour
		*	Relations
33(2)	Certificate of appointment as a	LRA 3.9	Must bear the official stamp
	designated agent of a council		of the Secretary of the
			Council
42(a)	Certificate of registration of a	LRA 3.16	Must bear the official stamp
	statutory council		of the Registrar of Labour

1 - Section	2 – Purpose	3 – Annexure	4 - Conditions
		1	Relations
49(3)	Council submits particulars of	LRA 3.20	1. Submit two copies
	representativeness of Council's		2. Submit to the Registrar of
	registered scope		Labour Relations, c/o the
			Director General,
			Department of Labour,
			Private Bag X117,
			Pretoria, 0001.
49(2)	Council submits particulars of	LRA 3.20A	1. Submit two copies
	representativeness of parties to a	,	2. Submit to the Registrar
•	collective agreement	ep.	of Labour Relations, c/o
			the Director General,
			Department of Labour,
			Private Bag X117,
			Pretoria, 0001.
49(4)	Certificate of representativeness	LRA 3.21	Must bear the official stamp
	of a council	and the second	of the Registrar of Labour
		and the second	Relations
49(2)	Certificate of representativeness	LRA 3.21A	Must bear the official stamp
	of parties to a collective	4 (Je ¹), (1)	of the Registrar of Labour
	agreement		Relations
54(2)(f)	Council submits particulars of	LRA 3.20B	Submit to the Registrar of
	small enterprises	7.73	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
•	- F		December
135(5)(a)	Certificate of outcome of	LRA 7.12	Must bear official stamp of
64(1)(a)(i)	dispute referred to conciliation		the CCMA, council or
136(1)(a)			agency
96(7)(a)	Certificate of registration of a	LRA 6.3	Must bear the official stamp
ans in	trade union		of the Registrar of Labour
		•	Relations
96(7)(a)	Certificate of registration of an	LRA 6.4	Must bear the official stamp
	employers' organisation		of the Registrar of Labour
* 45 * 7 *			Relations
127(5)(a)(i	Certificate of accreditation of	LRA 7.3	1. Must include terms of
i)	council		accreditation
. •			2. Must bear official stamp
			of the CCMA
127(5)(a)(i	Certificate of accreditation of	LRA 7.4	1. Must include terms of
i)	private agency	•	accreditation
			2. Must bear official stamp
	or accept	·	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

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

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

1 - Section	2 - Purpose	3 – Annexure	4 - Conditions
25(4)(b) and	Conscientious objector	LRA 3.1	1. Agency fee deducted must
26(8)	request agency fee to be		be remitted with this form
	paid to Department		2. Submit two copies
			3. Submit to the Provincial
			Executive Manager of the
	and the second		Department of Labour
25(4)(b) as	List of deductions from	LRA 3.2	Agency fee deducted must
applied by	conscientious objectors'		be remitted with this form
section 26(8)	wages	a gena	2. Submit two copies
			3. Submit to the Provincial
			Executive Manager of the
			Department of Labour
44(1) and 44(2)	Submission of collective	LRA 3.17	1. Submit two copies
	agreement of statutory		2. Submit to the Minister of
•	council to Minister for		Labour, c/o the Director
	promulgation as a		General, Department of
	determination		Labour, Private Bag X117,
			Pretoria, 0001
100(a)	Number of trade union	LRA 6.7	1. Submit to the Registrar of
	members		Labour Relations, c/o the
			Director General,
			Department of Labour,
			Private Bag X117,
			Pretoria, 0001
		*. \$	2. Must reach Registrar of
			Labour Relations by 31

1 - Section	2 - Purpose	3 – Annexure	4 - Conditions
			March of each year
100(a)	Number of employers'	LRA 6.8	1. Submit to the Registrar of
r e e	organisation members	The state of the s	Labour Relations, c/o the
	e e e		Director General,
			Department of Labour,
	- 4 (*)		Private Bag X117,
	i i		Pretoria, 0001
e e	, s = 1, 3		2. Must reach Registrar of
		to the second second	Labour Relations by 31
		18 18	March of each year
205(1)	Employers' record of	LRA 9.1	To be kept by employer to
	employees' earnings,	:	assist inspectors and
	deductions and time		designated agents
. žy	worked		
205(3)(a)	Record of strike, lock-out	LRA 9.2	1. Submit to Director
	or protest action		General, Department
		1.	Labour, Private Bag X117,
			Pretoria, 0001
			2. Must be submitted within
	W		two months of the end of
		* 1	the strike, lock-out or
, i			protest action
	4.		

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	 Proof of service on other party Submit to the Dispute
		1 43 4 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Resolution Committee, c/o the CCMA
44(5)	Statutory council requests Minister to amend or extend	LRA 3.18	Submit two copies Submit to the Minister of
	the period of a determination	(数数数数 2000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Labour, c/o the Director General, Department of Labour, Private Bag
(A)	and the second second		X117, Pretoria, 0001
73(1)	Referring disputes for deter- mination as an essential	LRA 4.2	Proof of service on other party
	service		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

1 – Geographical Jurisdiction	2 - Address
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	P.O. Box 393, Pretoria 0001
the Magisterial Districts of Benoni,	239 Skinner Street, Concillium Building, Pretoria
Bronkhorstspruit, Cullinan, Krugersdorp,	Tel. no. 012-309 5000
Nigel, Pretoria Randfontein, Soshanguve 1,	Fax no. 012-309 5061
Soshanguve 2, Springs and Wonderboom	
The Province of Gauteng, Gauteng South in	P.O. Box 4560, Johannesburg 2000
the Magisterial Districts of Alberton,	18 Rissik Street, Annuity House, Johannesburg
Boksburg, Brakpan, Germiston, Heidelberg,	Tel. no. 011-497 3000
Johannesburg, Kempton Park, Oberholzer,	Fax no. 011-834 1081
Randburg, Roodepoort, Vanderbijlpark,	
Vereeniging and Westonaria	
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

Chapter 1	Purpose, Application and Interpretation	No forms
Chapter 2	Freedom of Association and General Protections	No forms
Chapter 3	Collective Bargaining	
LRA Form 3.1	Conscientious objector requests agency 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	Certificate of registration of a statutory council	Section 42(a)
3.16	And the second of the second o	
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)

21975		
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 S	trikes 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 4.7	service investigation	
LRA Form 4.8	Request for ratification of collective agreement providing for maintenance of minimum services	Section 72
Chapter 5 W	orkplace Forums	•
LRA Form 5.1	Representative trade union applies to establish a workplace forum	Section 80(2)
LRA Form 5.2	Representative trade union applies to establish a trade union-based workplace forum	Section 81(1)
Chapter 6 Tr	ade Unions and Employers' Organisations	
LRA Form 6.1	Registration of a trade union	Section 96(1)
LRA Form 6.2	Registration of an employers' organisation	Section 96(1)
LRA Form 6.3	Certificate of registration of a trade union	Section 96(7)(a)
LRA Form 6.4	Certificate of registration of an employers' organisation	Section 96(7)(a)
LRA Form 6.5	List of members to be kept by a trade union	Section 99(a)
LRA Form 6.6	List of members to be kept by employers' organisation	Section 99(a)
LRA Form 6.7	Number of trade union members	Section 100(a)
LRA Form 6.8	Number of employers' organisation members	Section 100(a)

LRA Form 6.9	Application by amalgamating trade unions for registration	Section 102(2)
LRA Form 6.10	Application by amalgamating employers' organisations for registration	Section 102(2)
Chapter 7 D	ispute Resolution	
LRA Form 7.1	Council applies for accreditation	Section 127(1)
LRA Form 7.2	Private agency applies for accreditation	Section 127(1)
LRA Form 7.3	Certificate of accreditation of council	Section 127(5)(a)(ii)
LRA Form 7.4	Certificate of accreditation of private agency	Section 127(5)(a)(ii)
LRA Form 7.5	Council or private agency applies to amend accreditation	Section 129(1)
LRA Form 7.6	Council applies to renew accreditation	Section 131(1)
LRA Form 7.7	Private agency applies to renew accreditation	Section 131(1)
LRA Form 7.8	Council applies for subsidy	Section 132(1)
LRA Form 7.9	Private agency applies for subsidy	Section 132(1)
LRA Form 7.10	Council or private agency applies for renewal of subsidy	Section 132(8)(a)

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

Form 3.3

Chapter 9	General Provisions		e engag
LRA Form	Employer's record of employee's earn deductions and time worked	ings,	Section 205(1)
9.1	The Application of the Control of the Control	and the second and	
			talent in the second of the se
LRA Form	Record of strike, lock-out or protest ac	etion	Section 205(3)(a)
9.2			•
3. Organis	sed according to activities and Organi	sations	
Arbitra	tion		
Referring nu	blic corrige invicational disputes for	C4 29(C)	T TO A
	blic service jurisdictional disputes for	Section 38(6)	LRA
arbitration			Form
	6.		3.13
			And the State of t
Request for a	arbitration	Section 136	LRA
			Form
			7.13
	and the second s		and the second
Notice of obj	ection to arbitration by same	Section 136(3)	LRA
Commission	er	()	Form
			7.14
Application t	o appoint Senior	Section 137(1)	LRA
Commission		500tion 157(1)	Form
Commission			
			7.15
Request for T	avation	0 115	TDA
request for i	azation	Sections 115	LRA
		and 138(10)	Form
			7.17
Application to	o certify CCMA Award	Section 143	LRA
and Writ of E		Section 145	Form
			7.18
Application to	certify Bargaining Council	Continu 142/11	d
		Section 143(1) a	
Awaru anu w	in or execution	51(8)	Form
	·		7.18A
Bargaining (Council		
~ 8 ·································	· · · · · · · · · · · · · · · · · · ·	•	
Application for	or registration of a bargaining council	Section 29(1)	TDA
PP	- 1-2-3 definition of a parkaning connell	Section 23(1)	LRA

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
CCMA	. Kalendara da kanana da kanan	,,,,
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

The proof was a second management of the contract of the contr	Conference and the conference of the conference	
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
Council applies for subsidy	Section 132(1)	7.7 LRA Form
Private agency applies for subsidy	Section 132(1)	7.8 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	erinte de la companya	
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
Collective Agreements		
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
	and the second	
Conciliation		
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
Conscientious objectors	~	
Conscientious objector requests agency fee to be paid to Department	Section 25(4)(b)	LRA Form 3.1
List of deductions from conscientious objectors'		LRA

Employers

Employer's record of employee's earnings, deductions and time worked	Section 205(1)	LRA Form 9.1
Employers' Organisation		-
Application for registration of a bargaining council	Section 29(1)	LRA Form 3.3
Employers' organisation applies for establishment of statutory council	Section 39(2)	LRA Form 3.15
Registration of an employers' organisation	Section 96(1)	LRA
and the second of the second o		Form 6.2
Certificate of registration of an employers' organisation	Section 96(7)(a)	LRA Form
All of the second of the secon		6.4
List of members to be kept by employers' organisation	Section 99(a)	LRA Form 6.6
Number of employers' organisation members	Section 100(a)	LRA Form 6.8
Application by amalgamating employers' organisations for registration	Section 102(2)	LRA Form 6.10
Essential Service		
Referring disputes for determination as an essential service	Section 73(1)	LRA Form 4.2
Subpoena by Essential Services Committee	Sections 70 and 71	LRA Form 4.6
Bargaining Council request for essential service investigation	Section 70(3)	LRA Form 4.7

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
		4.1
Private Agency		
Private agency applies for accreditation	Section 127(1)	LRA Form 7.2
	A Company	
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	the state of the	
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 Public Service	Section 205(3)(a)	LRA Form 9.2
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	+ 113 241	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
Strike		•
Record of strike, lock-out or protest action	Section 205(3)(a)	LRA Form 9.2
Subsidy	20 (1975) 10 (1975)	
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

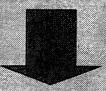
Trade Unions		
Trade union applies for establishment of a statutory council	Section 39(2)	LRA Form 3.14
Representative trade union applies to establish a workplace forum	Section 80(2)	LRA Form 5.1
Representative trade union applies to establish a trade union-based workplace forum	Section 81(1)	LRA Form 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

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	
	1	

I,
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:
EMPLOYER DETAILS
Name:
Postal address:

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

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

Names of employees	Amount
1	
2	
3	
4	
5	
6	S.
7	
TOTAL	
2) EMPLOYER DETAILS	
Name:	
Postal address:	
A Agent Consultation (Consultation)	

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

APPLICATION FOR REGISTRATION OF A BARGAINING COUNCIL



HEAD 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.

1)	NAME OF BARGAINING COUNCIL
	·
· ·	
2)	ADDRESS
,	
3)	PARTIES
,	Employers' organisations
	Trade unions
4)	PROPOSED SCOPE Describe the character of the sector
	Describe the character of the Sector
	Area
	· · · · · · · · · · · · · · · · · · ·

REPRESENTATIVENESS OF EMPLOYERS' ORGANISATION

Name of Employers' Organisation

LRA Form 3.3 Application for registration of a Bargaining Council Page 2 of 5 employees employed in the sector Number of their employers in the members of the sector who are organisation employers' Number of (state each area separately, indicating whether magisterial district, province or other)

... please turn over \rightarrow

REPRESENTATIVENESS OF TRADE UNION

Name of Trade Union

Nea (state each area separately, indicating whether magisterial district, province or other)	Number of union members employed in the sector
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	

... please turn over \rightarrow

LRA Form 3.3 Application for registration of a Bargaining Council Page 4 of 5

	5)	REPRESE	NTATIVENESS OF THE BARGAINI	NG COUNCIL
		1.		ling within the proposed scope of o belong to the trade unions which
		. ———	Total number of employers falli the Bargaining Council and who organisations which are party to	
			Total number of employees em of the Bargaining Council by the employers' organisations which	
			Total number of employers with Council	nin the proposed scope of the
			Total number of employees em of the Council	ployed within the proposed scope
	6)	SIGNATO	RIES	
			Employers' organisation	Trade union
CHECK!		Name	***************************************	***************************************
Have you attached a copy of the		Position	***************************************	144
constitution of the Bargaining Council?		Signature	***************************************	********************************
Have all the		Date	***************************************	
employers' organisations filled in		Tel.	***************************************	***************************************
page 2 of 5? Have all the trade		Fax	***************************************	
unions filled in page 3 of 5?				

(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	
	gaining 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
•	ctor)
	rea)
	Date:
	Reference number:
	Registrar of Labour Relations
(Official stamp of Registrar)	

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:
	and the process of the state of
	(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
	(eactor or sub-sectors)

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

 If a determination in terms of section 49(2) or (3) has 	·····	and greeker and the second of the con-	the same of the same	to a transferration of the production of the		* .
not been done within the	anu				••••••	**********
last twelve months, or there has been a change of	**********	***************************************	*****************		••••••	********
parties to the agreement or Council, each party to the	***********			***********		,,,,,,,,,,
collective agreement must			and the second		*	
fill in either page 3 or 4 of this form.	**********		*********	******************		
*Before a collective					*********	
agreement may be	1200000000000					
extended, the agreement itself must comply with the			(area/s)			
provisions of section 32.	The followi	ng registered trade	unions voted in	favour of the	extension	n:
	. **********			**********		
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?						
	410000000000000000000000000000000000000		(names of trade unio	ns)		**********
		bers constitute the		nembers of th	e trade ur	nions
	that are pa	rty to the Bargainin	g Council.	:	14. N	
		ng registered empl	oyers' organisal	ions voted in t	avour of	the
	extension:					
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Super-Control of Control	**********	***********************				A & & & * * * * * * * * * * * * * * * *
AND TO SHOW THE		•				
	***********	********************	***********************			
	************					*****
	***************************************					*******
en e		(name	s of employers' organ	isations)		
		by the majority of the yers' organisations	• •			

REPRESENTATIVENESS OF EMPLOYERS' ORGANISATION PARTY TO THE COLLECTIVE AGREEMENT

Name of Employers' Organisation

LRA Form 3.5

Bargaining Council requests extension of collective agreement to non-parties
Page 3 of 5

scope of the collective agreement who are members of the employers' organisation	Area (state each area separately, indicating whether magisterial district, province or other)	se or other)	Number of employers in the	Number of their employees
			reement libers of s'	employed in the scope of the agreement
	第 4 名。			
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Name of Trade Union

LRA Form 3.5
Bargaining Council requests extension of collective agreement to non-parties
Page 4 of 5

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Number of union members employed in the sector													i .	
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LRA Form 3.5

Bargaining Council requests extension of collective agreement to non-parties

Page 5 of 5

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		5) REPR	ESENTATIVENESS OF THE	BARGAINING COUNC	SIL .
			Total number of employe agreement and who belo collective agreement.	ees falling within the sco ong to the trade unions t	pe of the collective hat are party to the
			Total number of employed agreement and who beke party to the collective ag	ong to the employers' or	oe of the collective ganisations that are
			Total number of employer collective agreement by employers' organisations	the employers who belo	ng to the
			Total number of employe agreement.	ers within the scope of th	e collective
:	104		Total number of employe collective agreement.	es employed within the	scope of the
		Signature of	of Secretary of Council		******
		Name	***************************************	***************************************	•••••
		Date	1		•••••
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1					
DE	PARTMENT OF LABOUR DETA	ILS			
ì,	***************************************	**********	, duly authorised theret	o in terms of Regulation	on 7(2), have
	(name of official)		•	J	
che	cked the information and certify t	hat it is substan	itially correct.		• · · · · · · · · · · · · · · · · · · ·
Sig	nature:	••••			
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Pla	Ce:				
- :		-			
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(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 \rightarrow

1)	BARGAINING	COUNCIL	DETAILS
•		1 .	

	Name.
	Address:
	Tel: Fax:
2)	EXTENSION OF PERIOD, OR RENEWAL, OF COLLECTIVE AGREEMENT EXTENDED TO NON-PARTIES
	On
	The Bargaining Council requests the Minister 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.

LRA Form 3.6 Request to extend period of, or renew, a collective agreement extended to non-parties Page 2 of 5

- 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.

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.

CHECKI

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?

REPRESENTATIVENESS OF EMPLOYERS' ORGANISATION PARTY TO THE COLLECTIVE AGREEMENT

LRA Form 3.6 Request to extend period of, or renew, a collective agreement extended to non-parties Page 3 of 5

Area (state each area separately, indicating wh	Area (state each area separately, indicating whether magisterial district, province or other)	Number of employers in the scope of the collective agreement who are members of the employers' organisation	Number of their employees employed in the scope of the agreement
			-
i i i i i i i i i i i i i i i i i i i			
Mon to the second			:

REPRESENTATIVENESS OF TRADE UNION

Name of Trade Union

(state each area separately, indicating whether magisterial district, province or other)	Number of union members employed in the sector

... please turn over ->

LRA Form 3.6
Request to extend period of, or renew, a collective agreement extended to non-parties
Page 5 of 5

			*		
	3) REPRESENTA	TIVENESS			
	agre	I number of employees fall ement and who belong to t ctive agreement.			
	agre	I number of employers falli ement and who belong to t to the collective agreeme	he employers' orga		
	colle	I number of employees em ctive agreement by the em loyers' organisations that a	ployers who belong	g to the	nt.
		I number of employers with ement.	in the scope of the	collective	
		number of employees em ctive agreement.	oloyed within the so	cope of the	
		Constitution of the second of		•	
	Signature of Secret	ary of Council	******************		
	Name		•••••		
ATT N	Date				
DEPARTMENT OF LABOUR DE	TAILS				
	duly	authorised thereto in ter	ms of Regulation	7(2), have	
(name of official)					
checked the information and certif	y that it is substantially cor	rect.		.	
Signature:	······				
Date:					
Place:					
	-			-	

(Official stamp)

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

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



READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

This form requests the Minister 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.

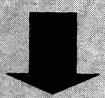
1)	BARGAINING COUNCIL DETAILS
	Name:
	Address:
	Tel: Fax:
2)	CANCELLATION OF NOTICE EXTENDING COLLECTIVE AGREEMENT TO NON-PARTIES
	The Bargaining Council resolved onto request the Minister to publish a notice in the Government Gazette cancelling:
	clause/s(clause number/s)
	of the notice published in Government Gazette
	(reference number and date of publication) (date of proposed cancellation)
	or
	the notice published in Government
	Gazette
Sig	nature of Secretary of Council
Nar	ne

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?**

Minister, c/o the The Director General, Department of Labour. Private Bag X117, Pretoria, Fax No. 012-309 4156

OTHER INSTRUCTIONS

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

1)	COUNCIL DETAILS	
	Name:	
	Address:	
		i baya e e e e
	Tel: Fa	
)	DESIGNATED AGENT DETAILS	
	The Minister is requested to appoint the a designated agent of the Council:	e person, whose details follow, as
	Name:	
	ID:	
	Address:	
	Experience and qualifications:	

	Period of service with Council:	
gn	nature 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

,	tions Act, 1995, been appointed as a designated agent of the
	(Name of Bargaining Council)
	date)
	Signature: Secretary of Council
	Name
	Date:
	Department of Labour reference number:

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

SUBPOENA BY DESIGNATED AGENT

			-	
		(name of subpoensed)	person)	
				•
		(address of subpoend	aed person)	
are required to a	nnear in nerson h	efore		
aro roquirou to a	ppodi ili porcoli di	efore(name of desig	nated agent)	
				. 3
		(address)		
	at	, ,	and any sub	sequent day(s) to which the
(date)		(time)	,	sequent day(s) to which the
stigation may be p	postponed.			
. •				
(Highlight/mark appr	opear in person to opriate block and comp	lete)		
disclose informa	ation concerning			
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bring with you a	and produce the re	ecords or documents lis (list record or docume	sted below:	

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)
	(Name of subpoenaed person)
	(Organisation of subpoenaed person)
	(Address of subpoensed person)
The	Council has appointed an Arbitrator to attempt to resolve a
dispute in terms of the La	bour Relations Act, 1995 (No. 66 of 1995)
Arbitrator	has been appointed. (Name of Arbitrator)
	(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
proceedings may be postp	oned.
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 L	rlock)
You must bring and produc	ce the books, documents or objects listed below:
0	
- Photos	(List books, documents and objects)
The wante was 10	
together with the r	ng the subpoena has been directed to furnish you with the first day witness fees easonable travel expenses to attend the hearing.
gnature of Secretary/Regions	al Secretary of Council: Date::
2011	andera. Ngjaran kang manangan menganggapan kanggapan kanggapan menganggapan mengangan menganggan menganggapan mengangg
ame	Place:

LRA Form 3.11 Section 34(2) Labour Relations Act, 1995

AMALGAMATING BARGAINING **COUNCIL APPLIES FOR** REGISTRATION



READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

This form is an by application Bargaining Councils who wish amalgamate (to join together) to apply for registration. registration of the new Council the Registrar cancels each of the separate Bargaining Council's registration.

WHO FILLS IN THIS FORM?

The Secretary of the amalgamating Bargaining Councils.

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 012-309 4156.

1)	AMALGAMATING BARGAINING COUNC	CIL DETAILS
	Names and addresses of Bargainin	ng Councils:
2)	APPLICATION	
2)	We apply for the registration of an am	
2)		
2)	We apply for the registration of an am Council for the proposed scope:	
2)	We apply for the registration of an am Council for the proposed scope:	
2)	We apply for the registration of an am Council for the proposed scope:	
2)	We apply for the registration of an am Council for the proposed scope:	
2)	We apply for the registration of an am Council for the proposed scope:	
2)	We apply for the registration of an am Council for the proposed scope:	

(sector)

... please turn over →

LRA Form 3.11 Amaigamating 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.	
table 011 page 3.	
	(Area)
 If you need more space to write the 	3) NAME AND ADDRESS
information, use an extra piece of paper and	The name of the Council will be:
attach it to this form.	
And the second s	
	The address of the Council will be:
	Tel Fax
	Date
	please turn over →

Name

LRA Form 3.11 Amalgamating Bargaining Council applies for registration Page 3 of 5

		 	 		 	 	Page 3
Number of employees who are members of the trade union party to the Council							
Number of their employees employed within the scope of the Council	-				,		
Number of employers who are members of the employers' organisation party to the Council						-	
Area (state each area separately, indicating whether magisterial district, province or other)							

 \dots please turn over \rightarrow

LRA Form 3.11 Amalgamating Bargaining Council applies for registration Page 4 of 5

	4) REPRESENTATIVENESS OF THE BA	RGAINING 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.				
	proposed scope of the	oyers falling within the Bargaining Council and who o' organisations that are party to			
	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 emplo scope of the Bargaining	oyers within the proposed Council.			
	Total number of emplo	oyees employed within the Bargaining Council.			
Submit the following documents:	5) SIGNATORIES				
Copy of the resolution to	Name of amalgamating Council	Signature of Secretary			
amalgamate passed by each of	1				
the Councils A certificate by the	2				
Secretary of each Council that the	3				
resolution complied with	4				
Council's constitution.	5	•••••			
	6	•····			
	<i></i>				
	DATE				

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

DEPARTMENT OF LABOUR DETAILS				
(name of official)	, duly au	thorised the	ereto in terms of Re	gulation 7(2), have
checked the information and certify that it is substantial	lly correc	t as on the	date of application.	
Signature:				
Date:				
		and		16.
Place				

(Official stamp)

LRA Form 3.12 Section 38(3) Labour Relations Act, 1995

REFERRING PUBLIC SERVICE JURISDICTIONAL DISPUTES FOR CONCILIATION



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, the dispute must be referred to the CCMA in terms of Section 38 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

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 Number: Email:
Contact Person:
Reference Number:
2. DETAILS OF OTHER PARTY
Name:
Postal Address:
Tel: Fax:
Contact Person:
Cell Number: Email:
Po f
Reference Number:

Please turn over

CCMA Ref. Number.....

LRA Form 3.12
Referring Public Service Jurisdictional Disputes for Conciliation
Page 2 of 2

OTHER INSTRUCTIONS	3. NATURE OF THE DISPUTE	
A copy of this form must be		
served on the other party.	and the second s	
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;	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
A signed statement confirming service by the		
person delivering the	•••••	
form;		palijana i irologija i kiri
A copy of a fax confirmation slip; or	en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	en en en la companya en la companya en la companya en la companya en la companya en la companya en la companya En la companya en la
Any other satisfactory		
proof of service.	est)	
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CHECK!	•	
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mpleted form to the other		
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ve you included proof (that		
u have sent a copy to the er party) with this form?	••••	

	4. CONFIRMATION OF ABOVE DETAILS	
	Form submitted by (name):	
	Signature:	
	Position:	
	mark for the	
100	Date:	
	Place:	
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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

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 DISI	PUTE
Name :	
	`
Postal Address:	
Tel:	Fax:
Cell:	Email:
Contact Person:	
Reference Number:	
2. DETAILS OF THE OTHER PAR	TTY
Name :	
Postal Address:	,
·	
Tel:	. Fax:
Cell:	Email:
Contact Person:	
Reference Number:	

CCMA Ref. Number.....

Please turn over

LRA Form 3.13 Referring Public Service Jurisdictional Disputes for Arbitration Page 2 of 2

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	
The second secon	
`	

	•••••
(Describe the Issues invo (Use additional paper if neo	
4. OUTCOME DESIRED	
,	•••••
	a ku ti ili dalam Li
(Set out the terms of the award you	
(Use additional paper if nec	essary)
5. CONFIRMATION OF ABOVE DETAILS	
Form submitted by (name):	
om 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.

2)

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:
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

Name of Trade Union

Number of employees number of employed within the proposed scope of the statutory council and scope of the statutory the trade union				

 \dots please turn over \rightarrow

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	
l,, dul (name of official)	y authorised thereto in terms of Regulation 7(2), have
checked the information and certify that it is substantially co	orrect.
Signature:	
Date:	
Place:	

(Official stamp)

LRA Form 3.15 Section 39(2) Labour Relations Act, 1995

RIGAD 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 capies of this farm 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 -

REPRESENTATIVENESS OF THE EMPLOYERS' ORGANISATION

Name of Employers' Organisation

			Emp	oloyers'	organis	ation a	oplies fo	or establ	ishment	L. of a sta	RA Form	n 3.15 ounci
Number of employees employed within the proposed scope of the statutory.					20 - A 2 - B						rage	2 of 3
Number of employees employed within the proposed scope of the statutory council		,										
Number of employers within the proposed scope of the statutory council and who are members of the employers' organisation	-											
Areas (state each area separately, indicating whether magisterial district, province or other)												

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

Signature of Secretary of employers' organ	nisation			
Name	•		· 	
Date				
DEPARTMENT OF LABOUR DETAILS				
l,(name of official)	, duly	authorised thereto in te	erms of Regulation	7(2), have
checked the information and certify that it is sub	ostantially co	rrect.		•
Signature:		ersa (A)		
Date:				
Place:		es with spike	graph same	i i i i i i i i i i i i i i i i i i i

(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 statuto	ory council)
has in terms of section 42(a) of the Labour Re	elations Act 1995, been registered as a
statutory council with effect from	(date)
The scope of the statutory council is	
(Sector)
in	
(Area)	······································
	Date:
	Reference No
	· · · · · · · · · · · · · · · · · · ·
(Official stamp of Registrar)	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
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:
ter skiller en en en en en en en en en en en en en
(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 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) .	SIAIUIUMT	COUNCIL	DE I AILS

WITABY AAIIMAH BETAN A

	Name and address	
		en en en en en en en en en en en en en e
	Tel:	
2)	SUBMISSION	
	We,(name)	, submit the following proposal to
	the Minister to amend a determination or	extend the period of determination.
	The Determination was published in Gove	ernment Gazette(Ref.)
	on(date)	
	Details of proposal:	
		e salida e e e e e e e e e e e e e e e e e e e
	We request that the Minister publish th Government Gazette.	is amendment or extension in the
Sign	nature of Secretary of Council:	
Nan	ne:	
Б.,		

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
	· .
	<u> </u>
• • • • • • • • • • • • • • • • • • • •	
	•

... please turn over --

REPRESENTATIVENESS OF EMPLOYERS' ORGANISATION

Name of Employers' Organisation

LRA Form 3.19
Statutory Council applies to register as a Bargaining Council
Page 2 of 4

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Number of employers in the	sector who are members of the employers'							,					e*
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... please turn over --->

Name of Trade Union

LRA Form 3.19 Statutory Council applies to register as a Bargaining Council Page 3 of 4

Area (state each area separately, indicating whether magisterial district, province or other)	Number of union members employed in the sector who are members of the representative trade union

^{...} please turn over \rightarrow

LRA Form 3.19 Statutory Council applies to register as a Bargaining Council Page 4 of 4

The second secon	Page 4
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. CHECKI Have you prapared two copies of this form? Have you attached three copies of the constitution of the Bargaining Council?	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
Have you filled in the representativeness tables? DEPARTMENT OF LABOUR DETAIL	ILS, duly authorised thereto in terms of Regulation 7(2), have
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.
- 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 regi and who belong to the trade unions which are par	
Total number of employers falling within the rand who belong to the employers' organisatic council:	
Total number of employees employed within council by members of the employers' organis council:	
Total number of employees employed within the recouncil:	egistered scope of the
Total number of employers operating within the council:	registered scope of the
	please turn over →
	DIERRE LILLI OVEL>

REPRESENTATIVENESS OF EMPLOYERS' ORGANISATION

Name of Employers' Organisation

Council submits particulars of representativeness of its registered scope
Page 2 of 4

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Number of their employees employed in the									. .				
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Number of employers in the sector who are members of	ure employers organisation												
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Area (state each area separately, indicating whether magisterial district, province or other)	-				-							ľ	
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... please turn over →

Name of Trade Union

LRA Form 3.20 Council submits particulars of representativeness of its registered scope Page 3 of 4

Area (state each area separately, indicating whether magisterial district, province or other)	Number of union members employed in the sector
	,

... please turn over →

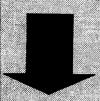
LRA Form 3.20 Council submits particulars of representativeness of its registered scope Page 4 of 4

(Official stamp)

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Signature of Secreta	www.									
Signature of Secreta	шу:	• • • • • • •	• • • • • • • •	• • • • • • • • •			•			
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Name:	• • • • • • • • • • • • • • • • • • • •	• • • • • • • •	• • • • • • • •	• • • • • • • •	• • • • • • • • • •		•			
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Date:							•		*	
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DEPARTMENT O	F LABOUR	DETA	ILS							
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(name of official)	`		:	,					,	-/,
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LRA Form 3.20 A Labour Relations Act, 1995

READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

form provides the Registrar with information to determine 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.
- 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:				
2) REPRESENTATIVENESS (IENT AS PI DA'	UBLISHED TED	O IN GOVI	ERNMENT
Total number of employers fallibelong to the employers' organis	ing within th ations which	e scope of are party t	the agreeme the agreer	ent and who nent:
Total number of employees em members of the employers' organ	ployed with nisations that	in the scop t are party t	e of the ago	greement by nent:
Total number of employees employees	oyed within	the scope of	the agreem	ent:
Total number of employers operation				
••••••	•••••	••••••	nlagge t	

Name of Employers' Organisation

LRA Form 3.20A Council submits particulars of representativeness of parties to agreement Page 2 of 4

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ber o	ment										
Number of their employees employed in the score of the	agreement										
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Number of employers in the scope of the agreement who	the employers' organisation										
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Area (state each area separately, indicating whether magisterial district, province or other)											
A S											

^{...} please turn over →

LRA Form 3.20A Council submits particulars of representativeness of parties to agreement Page 3 of 4

Area	
(state each area separately, indicating whether magisterial district, province or other)	Number of union members employed in the scope of the agreement

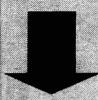
... please turn over -

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 DETAILS	
I,, duly authorised (name of official)	thereto in terms of Regulation 7(2), have
checked the information and am satisfied that the information v	vas 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?

1.

3.

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)]



BARGAINING COUNCIL DETAILS
Name of Council:
Address:
.,,,
Secretary:
Contact number:
E-mail address:
COUNCIL'S DEFINITION OF SMALL ENTERPRISE
en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la companya del companya del companya de la c
ang stay ang ga
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EMPLOYMENT WITHIN COUNCIL'S JURISDICTION
employers employing a total of employees are within the registered scope of the Council.

please turn over →

LRA Form 3.20B Council submits particulars of small enterprises Page 2 of 3

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

How	many	small	enterprises	
LIOW	IIIally	Siliali	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			-		3.	
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						

LRA Form 3.20B Council submits particulars of small enterprises Page 3 of 3

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	
	en en en en en en en en en en en en en e	
Signa	ature of Secretary of Council	

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



CERTIFICATE OF REPRESENTATIVENESS OF COUNCIL

The S	Secretary	
Barga	aining Council	
	In terms of section 49(4) I am satisfie	ed that the
		(name of council)is a representative Council.
1.	On the(date)	there were(number)
	employees employed within the regis	
2.	On the(date)	there weremembers of (number)
	the trade unions that were party to the of the Council.	e Council who were employed within the scope
3.	On the(date)	there wereemployees (number)
	employed within the registered scope organisations, party to the Council.	e of the Council by members of the employers'
		Date:
,		Reference number:
<u> </u>	(Official stamp)	Registrar of Labour Relations

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

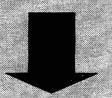


CERTIFICATE OF REPRESENTATIVENESS OF PARTIES TO A COLLECTIVE AGREEMENT

The S	Secretary		
Barga	nining Council	•	
	<u>:</u>		
	In terms of section 49(2) I am satis	sfied that the parties to your 0	Council's
		Agr	eement is representative.
1.	On the(date)	there were(num	
	employees employed within the scope of	he Agreement.	
2.	On the(date)		members of aber)
	the trade unions that were party to the Co	uncil who employed within the scop	e of the Agreement.
3.	On the(date)	there were(num	employees
	employed within the scope of the Agreeme	ent by members of the employers' o	rganisations, party to the
	Agreement.		
		Date:	
		Reference no.:	
n,	(Official stomp)	Registrar of Labour	Relations

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.



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

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)
	- control of the cont

... please turn over →

Council applies for variation of scope of Registration
Page 2 of 4

LRA Form 3.22

Name of Employers' Organisation

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

... please turn over →

LRA Form 3.22

Council applies for variation of scope of Registration

REPRESENTATIVENESS OF TRADE UNION

Page 3 of 4 Number of employees employed within the new scope of the Council and who are members of the representative trade union ١, (state each area separately, indicating whether magisterial district, province or other)

Name of Trade Union

5) REPRESENTATIVENESS OF THE COUNCIL

LRA Form 3.22 Council applies for variation of scope of Registration Page 4 of 4

Total number of employees falling within the new scope which are party to the Council:	of the Council	and who belong to the trade union
	•	
Total number of employers falling within the new scope organisations which are party to the Council:	of the Council	and who belong to the employers'
······································		
Total number of employees employed within the new sc the employers' organisations which are party to the Cour		cil by the employers that belong to
Total number of employers within the new scope of the	Council:	
Total number of employees employed within the new sco	ope of the Coun	cil:
Signature of Secretary:	*******	······
Name:		•••••
Date:		
DEPARTMENT OF LABOUR DETAILS		and the second second
I,	duly authorised	thereto in terms of Regulation
(name of official) 7(2), have checked the information and am satisfied that the in		
(date of council details)		
Signature:		
Today's date:		
Place:		
The second secon		
en en en en en en en en en en en en en e		
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		material de la companya de la companya de la companya de la companya de la companya de la companya de la compa La companya de la companya de la companya de la companya de la companya de la companya de la companya de la co

Official stamp

LRA Form 3.23
Section 62(1)
Labour Relations Act,
1995

Read This First



WHAT IS THE PURPOSE OF THIS FORM?

This form is an application by a party to the CCMA to settle a demarcation dispute.

The demarcation dispute could be:

- a) whether any employees or employers work in a sector or area;
- b) whether any provision in an arbitration award, collective agreement or wage determination is or was binding on any employees or employers.

WHO FILLS IN THIS FORM?

- Any registered trade union.
- Employee,
- · Employer,
- Registered employers' organisation, or
- Council.

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.

APPLICATION ABOUT DEMARCATION DISPUTE



1. APPLICANT DETAILS Name:
Postal Address:
Tel:Fax:
Cell:Email:
Contact Person:
Reference Number:
2. DETAILS OF OTHER PARTIES
Name :
Postal Address:
T-l.
Tel: Fax: Cell: Email:
Contact Person:
Reference Number:
Name:
Postal Address:
r voial Audicos
Tel: Fax:
Cell: Email:
Contact Person:
Reference Number:

Please turn over

CCMA Ref. Number.....

LRA Form 3.23 Application about Demarcation Dispute Page 2 of 4

OTHER INSTRUCTIONS	3. DETAILS OF SECTOR (S) AND AREA (S) INVOLVED IN THIS DEMARCATION APPLICATION
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. 	
	4. DESCRIPTION OF ISSUE (S) IN DISPUTE
Attach copies of relevant collective agreements.	· · · · · · · · · · · · · · · · · · ·
Attach proof of service that a copy has been served on NEDLAC.	
WHERE DOES THIS FORM GO?	
NEDLAC; andThe Registrar,	•••••
Provincial Office of the CCMA. Please refer to	
the last page for details.	
	Please turn over

ganderstærk i klæd Broken i Statistisk blever i klæder Broken i Statistisk blever i klæder blever i klæder blever i klæder blever	LRA Form 3.23 Application about Demarcation Dispute Page 3 of 4
	5. DEMARCATION SOUGHT
	6. MOTIVATION FOR DETERMINATION SOUGHT
	ATTACH CODIES OF DELEVANT COLLECTIVE ACCREMENTS
CHECKI	7. ATTACH COPIES OF RELEVANT COLLECTIVE AGREEMENTS
Have you sent a copy of this completed form to the other party? Have you included proof (that you have sent a copy	8. CONFIRMATION OF ABOVE DETAILS: Form submitted by (name):
to the other party) with this form?	Signature: Position:
	Place:
	Please turn over

LRA Form 3.23
Application about Demarcation Dispute
Page 4 of 4

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

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

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

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

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

CCMA MPUMALANGA

Foschini Centre Eadie Street

Private Bag X7290, WITBANK, 1035

Tel: (013) 656-2800 Fax: (013) 656-2885/6 Email: <u>WTB@ccma.org.za</u>

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

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

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

LRA Form 4.1 Section 69(4)

Labour Relations Act, 1995

Read This First



WHAT IS THE PURPOSE OF THIS FORM?

This form is a request by a party to the CCMA to secure agreement on picketing rules during a strike or lockout.

WHO FILLS IN THIS FORM?

A registered trade union or employer.

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.

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.

REQUEST TO ESTABLISH PICKETING RULES



Postal Address:

••••

Tel:	Fax:
Contact Person:	***************************************

Reference Number:	 	 	***************************************
Details of Request			

2. OTHER PARTY'S DETAILS

Name:	***************************************

. %	
Postal Address:	

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g me			
	Tel:	Fax:	
a fax			

Contact Boroom	
Contact Person.	
Deference Numb	

CCMA Ref. Number	Please turn over
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LRA Form 4.1 Request to establish picketing rules Page 2 of 3

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	Yes		No		ا
If so, provide reasons.					
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	***************	•••••		***********	
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4. PROVIDE DETAILS OF THE DISPUTE OVER PI	CKETING RU	ILES			
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S. PROVIDE ANY PROPOSALS FOR SETTLEMENT					
			*************	••••••••••••••••••••••••••••••••••••••	***********
. CONFIRMATION OF ABOVE DETAILS:					
orm submitted by (name):					
ignature:		••••••••••••••••••••••••••••••••••••••			
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LRA Form 4.1 Request to establish picketing rules Page 3 of 3

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

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

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

CCMA KWAZULU NATAL

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Private Bag X54363, DURBAN, 4000

Tel: (031) 362 - 2300 Fax: (031) 306-5402 Email: KZN@ccma.org.za

CCMA LIMPOPO

CCMA House, 104 Hans van Rensburg Street,

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Private Bag X9512, POLOKWANE, 0700

Tel: (015) 297-5010 Fax: (015) 297-1649 Email: PTB@ccma.org.za **CCMA MPUMALANGA**

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Private Bag X7290, WITBANK, 1035

Tel: (013) 656-2800 Fax: (013) 656-2885/6 Email: WTB@ccma.org.za

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KLERKSDORP

Private Bag X5004, KLERKSDORP, 2571

Tel: (018) 464-0700 Fax: (018) 462-4126 Email: <u>KDR@ccma.org.za</u>

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

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

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.

I. APPLICANT DETAILS	
News	76
Name:	
***************************************	745A2540440+404545+55464+40+40+411111111111111111111111111111
Postal Address:	

Tel: Fax:	
Cell: E-Mail:	
Contact Person:	
Reference Number:	***************************************
-	
•	
2. DETAILS OF THE OTHER PARTY	
Name:	***************************************
Postal Address:	
	· · · · · · · · · · · · · · · · · · ·
Tel: Fax:	[E191F#45000101F#900#3070000000000

Cell: E-Mail:

Contact Person:

Reference Number:

ESC Ref. Number.....

Please turn over

LRA Form 4.2
Referring Disputes for Determination as an Essential Service
Page 2 of 2

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	
* O ₂ = 0	

4. DETERMINATION SOUGHT	
4. DETERMINATION SOCIET	
<u> </u>	
p	
5. CONFIRMATION OF ABOVE DETAILS:	
Form submitted by (name):	
Signature:	
Position:	
Date:	

LRA Form 4.3 Section 75(2) Labour Relations A

Labour Relations Act, 1995

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

EMPLOYER APPLIES FOR MAINTENANCE SERVICE DETERMINATION



1. EMPLOYER DETAILS

Name:		***************************************
Tel:	Fax:	

Contact Person:		***************************************
Reference Number:	**************************	**************************************

2. OTHER PARTY DETAILS

Name:		 **************	
·			
Postal Address:			
			j

Tel:	Fax:	 	
Cell:			
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

LRA Form 4.3 Employer Applies for Maintenance Service Determination Page 2 of 2

	3. DESCRIPTION OF MAINTENANCE SERVICES
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.	4. DETERMINATION SOUGHT
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; 	5. MOTIVATION FOR DETERMINATION SOUGHT (Use a separate sheet of paper if necessary)
A copy of a fax confirmation slip; or Any other satisfactory	
pro() of service.	
	6. NUMBER OF EMPLOYEES
	Number of employees engaged in the maintenance service
СНЕСКІ	Number of employees not engaged in the maintenance service
Have you sent a copy of this completed form to the other party?	7. CONFIRMATION OF ABOVE DETAILS:
Have you included proof (that you have sent a copy to the other party) with this	Form submitted by (name):
form?	Signature: Position:
	1 03(001).

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.

2)

NOTICE TO NEDLAC ABOUT **POSSIBLE PROTEST ACTION**



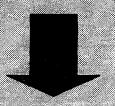
NOTICE TO NEDLAC IN TERMS OF SECTION 77(1)(b) STATING REASONS FOR AND NATURE OF PROTEST ACTION

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:



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

PROTEST ACTION DETA	ILS	
We,		
44***********************		•••••
(name of trade	union or federation of t	rade unions)
intend to proceed with the pro-	est action of which	notice was served on
NEDLAC on		•••
•	(date)	
The protest action will begin a		
	(place)	(date)
GENERAL		
Address of trade union/federat	ion.	
••••••		•••••••
Tel:	Fax:	•••••
	- 19 - 19 - 19 - 19	
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 .

LRA Form 4.6 Subpoena by Essential Services Committee Page 2 of 4

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
The nature of the service is:
The service is performed in the following area/s:
The service is performed in the following arears.
,
·
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

LRA Form 4.6 Subpoena by Essential Services Committee Page 3 of 4

Th	e 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:
and	
••••	(name of other party)
hat	provides for the maintenance of minimum services in the
ļ.	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.
he	dispute concerns
• • • • •	
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• • • • •	
••••	
	Please turn over

LRA Form 4.6 Subpoena by Essential Services Committee Page 4 of 4

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

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

ESC REF. No.

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

×	INVESTIGATION
	1. BARGAINING COUNCIL'S DETAILS Name
	Postal Address
	Contact person
	Tel:
	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)

Please turn over

LRA Form 4.7 Section 70(3) Bargaining Council Request for Essential Service Investigation Page 2 of 2

	rage 2 or 2
	3. DOES THE SERVICE FALL WITHIN THE JURISDICTION OF THE COUNCIL?
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certificate of accreditation?	v ·
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	Form submitted by:
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	Date:
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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

ESC Ref No.....

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:

Please turn over

LRA Form 4.8 Section 72 Request for Ratification of Collective Agreement Providing for Maintenance of Minimum Services Page 2 of 4

	2.	CLAUSE(S) OF THE AGREEMENT PROVIDING FOR MINIMUM SERVICES?
The Property of the Control of the C		
The description of the	3.	DETAILS OF THE DESIGNATED ESSENTIAL SERVICE
designated essential service in paragraph 3 must reflect the		Describe the designated essential service:
service as designated in the		
Government Gazette.		
	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.
Control of the Contro		
Company of the Compan		
The state of the s		
SALES SEEDINGS		
See Section 1977 See Land		
		Please turn over

LRA Form 4.8 Section 72 Request for Ratification of Collective Agreement Providing for Maintenance of Minimum Services Page 3 of 4

		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.
The motivation for ratification in paragraph 5 must demonstrate that the application of the agreement does not endanger the life, personal safety or health of	5	MOTIVATION FOR RATIFICATION
people:		
2 May 1		
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		Please turn over

LRA Form 4.8
Section 72
Request for Ratification of Collective Agreement Providing for Maintenance of Minimum Services

		Page 4 of 4
	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	Trade Union Parties Name
ara conscuss agreement	Signature:	Signature:
1944 1944	Position:	Position:
	Date:	Date:
	Tel:Fax:	Tel:
	E-mail	E-mail
	(Use additional paper if necessary)	
	and the second s	

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;
- Any other satisfactory proof of service.

CHECKI

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

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9 :Email:		
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ontact Person (Trade Union):		
ontact Person (Representative at Workplace):	**************************************	:
ell Number:Email:Email:	**************************************	*********
eference Number:		•••••
nore than one party is making the referral writ ge and attach to this form.	te the details on a	ı separ
in the state of th		
EMPLOYERS DETAILS		4.7
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:Fax:Fax:	***************************************	
ll:Email:		
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ntact Person:	******************************	********

CCMA Ref. Number.....

Please turn over

LRA Form 5.1 Representative Trade Union Applles to Establish a Workplace Forum Page 2 of 3

a.	Description and Addre	.22				
a.	posonphon and Addre			**********	•••••	***************************************
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		, ,	, ,			
b.	Number of employees	(exclud	ling senior managerial emp	ioyees) ai	the v	vorkplace:
C.	Number of members o	f applic	ant trade unions at the wor	kplace:		
				•		
d.	Describe the nature of	the wo	rk or activities conducted in	the work	place.	
	***************************************				••••	**************
••••					•••••	e e e e e e e e e e e e e e e e e e e
e.	is there an existing wo	rkplace	forum in the workplace?		•••••	
	•					
4.	SECTOR					
Sec	ctor in which Workplace f	falla.				
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	the state of the s	٠.	Private security Distribution Metal		_	Health Motor
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	Retail sector Wholesale Mining Food & Beverage Media & Television Contract cleaning	00000	Distribution Metal Agriculture Services Transport			Health Motor Building & Construction Chemical Paper & Printing
	Retail sector Wholesale Mining Food & Beverage Media & Television	00000	Distribution Metal Agriculture Services			Health Motor Building & Construction Chemical Paper & Printing
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5. Sign	Retail sector Wholesale Mining Food & Beverage Media & Television Contract cleaning Domestic CONFIRMATION OF A m submitted by (name): nature:	BOVE	Distribution Metal Agriculture Services Transport Other (please describe) DETAILS:			Health Motor Building & Construction Chemical Paper & Printing
5. Fon Sign Pos	Retail sector Wholesale Mining Food & Beverage Media & Television Contract cleaning Domestic CONFIRMATION OF A m submitted by (name): nature:	BOVE	Distribution Metal Agriculture Services Transport Other (please describe) DETAILS:			Health Motor Building & Construction Chemical Paper & Printing
5. Sign	Retail sector Wholesale Mining Food & Beverage Media & Television Contract cleaning Domestic CONFIRMATION OF A m submitted by (name): nature:	BOVE	Distribution Metal Agriculture Services Transport Other (please describe) DETAILS:			Health Motor Building & Construction Chemical Paper & Printing

Please turn over

LRA Form 5.1 Representative Trade Union Applies to Establish a Workplace Forum Page 3 of 3

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

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

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

CCMA KWAZULU NATAL

Garlicks Chambers, 61 Field Street, **DURBAN**

Private Bag X54363, DURBAN, 4000

Tel: (031) 362 - 2300 Fax: (031) 306-5402 Email: <u>KZN@ccma.org.za</u>

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 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

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

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

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

LRA Form 5.2 Section 81(1) Labour Relations Act, 1995

REPRESENTATIVE TRADE UNION APPLIES TO **ESTABLISH A TRADE-UNION BASED WORKPLACE FORUM**



Read This First



WHAT IS THE PURPOSE OF THIS FORM?

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.

WHO FILLS IN THIS FORM?

A trade union.

WHERE DOES THIS FORM GO?

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

OTHER INSTRUCTIONS

The union must attach a certified copy of the collective agreement, which shows recognition.

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

Proof that a copy of this form has been sent to 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;
- Any other satisfactory proof of service,

1. TRADE UNION DETAILS

2. EMPLOYERS DETAILS	
If more than one party is maki page and attach to this form.	ing the referral write the details on a sepa
	and the second of the second o
Reference Number:	
Cell:	Email:
` ·	e at Workplace):
Contact Person (Trade Union):	
Cell:	Email:
	Fax:
T-1.	
Postal Address:	
Name:	

Name:		*******	
	FF S.		
Postal Address:			
***************************************		····	
Tel:			
Contact Person:	***************************************		
Reference Number:	********************		

CCMA Ref. Number

Please turn over

LRA Form 5.2 Representative Trade Union Applies to Establish a Trade Union-based Workplace Forum Page 2 of 3

	a Description	and Addre	ss:				
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	•••••		• • • • • • • • • • • • • • • • • • • •				
	b Number of Employees (excluding Senior Managerial Employees) at the Workplace:						
	c Number of Members of Applicant Unions at the Workplace:						
					_	ace:	
	e Is there an	existing wo	rkpla	ce forum in the workplace	?		
		••••••					
		·····		······································		······································	
		•					
4	. SECTOR	•					
Sec	ctor in which Wo	rkplace falls	S.				
	Retail sector Wholesale Mining			Private security Distribution Metal	0	Public service Health Motor	
	Food & Bever			Agriculture		Building & Construction	
	Media & Telev Contract clear			Services Transport		Chemical Paper & Printing	
	Domestic			. .		,	
	Otner (pieas)	e aescribe,)			•••••	
5.	CONFIRMATION	ON OF AB	OVE	DETAILS:		· · · · · · · · · · · · · · · · · · ·	
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Plad				npleted form to the other p			

LRA Form 5.2

Representative Trade Union Applies to Establish a Trade Union-based Workplace Forum

Page 3 of 3

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

CCMA FREE STATE

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Private Bag X20705, BLOEMFONTEIN, 9300

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Tel: (011) 377-6600 Fax: (011) 377-6678/58/80

Email: GAUTENG@ccma.org.za

CCMA KWAZULU NATAL

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Tel: (031) 362 - 2300 Fax: (031) 306-5402 Email: <u>KZN@ccma.org.za</u>

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Tel: (015) 297-5010 Fax: (015) 297-1649 Email: <u>PTB@ccma.org.za</u> CCMA MPUMALANGA

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CCMA WESTERN CAPE

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Private Bag X9167, CAPE TOWN, 8000

Tel: (021) 469-0111

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

Email: CTN@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

TRADE UNION DETAILS



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

POSITION	NAME	WORK ADDRESS
HAIRPERSON		
	,	
. 1.20		
	memt	

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

ignature of Secretary:				
ame:	•••••			
ate:				
CHECK! Have you prepared two copies of this form? Have you prepared three signed copies of the	e union's cons	itution?		
PARTMENT OF LABOUR DETAILS				
(name of official)		, duly a	uthorised the	ereto in tern
(name of official) gulation 7(2) am satisfied that the information	is substantial	ly correct.		
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(name of official)	is substantial	ly correct.		

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			
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We have	members.
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Tel No	

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LRA Form 6.2 Registration of an Employers' Organisation Page 2 of 2

Signature of Secretary:				
Name:				
Date:				
Date:	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
CHECKI				
 Have you prepared two copies of this form? Have you prepared three signed copies of the 	ne union's c	onstitution?		
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DEPARTMENT OF LABOUR DETAILS				
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l,(name of official)	••••••	, duly a	authorised thereto in ten	ms of
Regulation 7(2) am satisfied that the information	ie eubetar	ntially correct	The application was	
			. The application was	
lodged with the Department on	(date)			
	(date)		April 1 Mary 1	
·				
Signature:				7
Today's date:				
Place:				1
		•		

(Official stamp)

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



OF A TRADE UNION

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••••	******		••••••				union)	••••••			•••••
has in	terms	of :	section	96(7)(a)	of	the	Labour	Relation	s Act,	1995,	been
register	ed as a	a tra	de unio	n with effe	ect fr	rom					
								(date)			
		,									
						D	ate:				
						R	eference	e number	:	••••••	·····
						R	egistrar	of Labou	r Relati	ons	

(Official stamp of Registrar)

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



CERTIFICATE OF REGISTRATION OF AN EMPLOYERS' ORGANISATION

This is to certify that	• • • • • • • • • • • • • • • • • • • •		•
	•	•	······································
		ers' organisation)	
has in terms of section 9	96(7)(a) of t	he Labour Relation	ons Act, 1995, been
registered as an employers'	organisation	n with effect from	
			(date)
	<i>t</i> 1.5	Date:	
		Reference numb	er:
. n 1	ra Li		
		Registrar of Labo	our Relations
L			

(Official stamp of Registrar)

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

LIST OF MEMBERS TO BE KEPT BY A TRADE UNION

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

6

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

LIST OF MEMBERS TO BE KEPT BY AN EMPLOYERS' ORGANISATION

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

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.

NUMBER OF TRADE UNION MEMBERS



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

Address (postal and street): The number of members of the trade union at 31 December	TRADE UNION DETAILS	
Address (postal and street): The number of members of the trade union at 31 December	Name:	
Address (postal and street): The number of members of the trade union at 31 December		
The number of members of the trade union at 31 December		
The number of members of the trade union at 31 December	Address (postal and street):	
The number of members of the trade union at 31 December		
The number of members of the trade union at 31 December		•••••••••••••••••••••••••••••••••••••••
per sector was: SECTOR NUMBER		
SECTOR NUMBER TOTAL: I,	The number of members of the trade ur	nion at 31 December
SECTOR NUMBER TOTAL: I,	per sector was:	(year)
TOTAL: I,	poi ocoloi was.	
I, certify that the information in (name of secretary)	SECTOR	NUMBER
I, certify that the information in (name of secretary)		
I, certify that the information in (name of secretary)		
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I, certify that the information in (name of secretary)	TOTAL	
(name of secretary)	IOTAL:	
(name of secretary)		
this form accords with the records of the trade union.		ertify that the information in
	this form accords with the records of the	e trade union.
Signature:	Signature:	
Date:	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)

Name:	
Name.	
Address (postal and street)	
The number of members of the employe	ers' organisation at 31 December
in each sector was:	
engan ayah da karan da sarah sa	
SECTOR	NUMBER
- 1	
TOTAL:	
(name of secretary)	tify that the information in this
form accords with the records of the em	ployers' 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

AMALGAMATING TRADE UNION DETAILS



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

Name:	
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	ons have chosen to amalgamate:
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LRA Form 6.9 Application by amalgamating trade unions for registration Page 2 of 3

2. OFFICE BEARERS/ OFFICIALS

POSITION	NAME	POSTAL ADDRESS	
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Province Association (new participation) and the province of t	and the second s	No. 19 Company	
and the second of the second o	e de la companya de l		
	:	<u> </u>	

The amalgamated trade union has	members.	
(number)		
Name of trade union:	Name of trade union:	
Signature of Secretary:	Signature of Secretary:	
Date:		in Maria in Caracteria de Partir de Caracteria de Caracter
Name of trade union:	Name of trade union:	
Signature of Secretary:		
Name:	Name:	
Date:		iga di kacamatan di Kabupatèn Bandaran Kabupatèn Bandaran Kabupatèn Bandaran Kabupatèn Bandaran Kabupatèn Band Bandaran Bandaran daran Bandaran

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

I,	duly authorised	I thereto in terms o	of Regulation
(name of official)	.,, dury authorisec	i dioreto in terms e	i Kegulation
7(2), am satisfied that the information is substantially corre	ct. The applicatio	n was lodged with	the Departmen
on		. •	
(date)			
Signature:		**************************************	
Today's date:			
Place:		en en en en en en en en en en en en en e	

(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) AMALGAMAT	TING EMPLOY	ERS' ORGAN	ISATION DI	ETAILS
Name:		•••••		••••••
		•••••		
Address (Postal and	d street):			
***************************************				• • • • • • • • • • • • • • • • • • • •
			•••••	•••••
		••••••	***************	•••••
			•••••	•••••
We hereby apply for organisation. The f amalgamate:				
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	nes and addresses o			•••••

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NAME

LRA Form 6.10 Application by amalgamating employers' organisations for registration Page 2 of 3

POSTAL ADDRESS

2) OFFICE BEARERS/ OFFICIALS

POSITION

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			en Samera	
		•		
The amalgamated employers' of	organisation has	(number)	members.	
Name of employers' organisati			employers' organisation:	
Signature of Secretary:		Signature	e of Secretary:	
Name:		Name:		
Date:		Date:		
Name of employers' organisation	on:	Name of	employers' organisation:	
Signature of Secretary:		Signature	of Secretary:	•••••
Name:		Name:		
Date:		Dotos	·	

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?

 $LRA\ Form\ 6.10$ Application by amalgamating employers' organisations for registration Page 3 of 3

DEPARTMENT OF LABOUR DETAILS

substantially correct. The application was lodged with the Departn	
The state of the s	nent on(date)
	(4336)
Signature:	
Today's date:	
Place:	
	·

(Official stamp)

LRA Form 7.1 Section 127(1)

Labour Relations Act, 1995

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?

COUNCIL APPLIES FOR ACCREDITATION



1. COUNCIL DETAILS	
Name:	
	`
Postal Address:	
Tel:	Fay:
	E-Mail:
Cell:	E-Mail:
Contact Person:	
2. ACCREDITATION IS SO RESOLUTION FUNCTION	OUGHT FOR THE FOLLOWING DISPUTE
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Please turn over-

CCMA Ref. Number.....

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

LRA Form 7.1 Council Applies for Accreditation Page 2 of 3

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•	Postal Address:		··············
		<u> </u>	
	Tel: Fa	¢	
	Cell: E-I	//ail:	······································
	Contact Person:		
	The scope of the appointment includi	ng categories of dispute:	
,		•••••	
•			
	The council may appoint another a	gency to perform some of its i	runctions.
	if this Council may appoint another and if this Council wants to appoint and The scope of the appointment in tended dispute must also be included. OYEES AND EMPLOYERS COVERED	ther agency its details must be ms of area, type of function a	pe included.
	If this Council wants to appoint and The scope of the appointment in ter of dispute must also be included.	ther agency its details must be must of area, type of function a D BY COUNCIL The number of employers	pe included.
	If this Council wants to appoint and The scope of the appointment in ter of dispute must also be included. OYEES AND EMPLOYERS COVERE The number of employees and employers within the	ther agency its details must be missed area, type of function a ED BY COUNCIL The number of employers who are not members of the employers' organisation in the Council and the	The number of employees who are not members of
	If this Council wants to appoint and The scope of the appointment in ter of dispute must also be included. OYEES AND EMPLOYERS COVERE The number of employees	ther agency its details must be missed area, type of function a D BY COUNCIL The number of employers who are not members of the employers' organisation	ne included. Indicategories The number of employees
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4. NUMBERS OF EMPL	If this Council wants to appoint and The scope of the appointment in ter of dispute must also be included. OYEES AND EMPLOYERS COVERE The number of employees and employers within the	ther agency its details must be missed area, type of function a ED BY COUNCIL The number of employers who are not members of the employers' organisation in the Council and the	The number of employees who are not members of
4. NUMBERS OF EMPL Employees Employers 5. PARTIES TO THE CO	If this Council wants to appoint and The scope of the appointment in ter of dispute must also be included. OYEES AND EMPLOYERS COVERE The number of employees and employers within the Council's registered scope	ther agency its details must be the missing of area, type of function a second control of 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
4. NUMBERS OF EMPL Employees Employers 5. PARTIES TO THE CO A list of the employers, e	If this Council wants to appoint and The scope of the appointment in ter of dispute must also be included. OYEES AND EMPLOYERS COVERE The number of employees and employers within the Council's registered scope	ther agency its details must be the missing of area, type of function a second control of 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
4. NUMBERS OF EMPL Employees Employers 5. PARTIES TO THE CO A list of the employers, e	If this Council wants to appoint and The scope of the appointment in terporal form of dispute must also be included. OYEES AND EMPLOYERS COVERED The number of employees and employers within the Council's registered scope of the transfer	ther agency its details must be the missing of area, type of function as the missing of area, type of function as the council. 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

LRA Form 7.1 Council Applies for Accreditation Page 3 of 3

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);
- <u>training</u> (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:	 	 			

LRA Form 7.2 Section 127(1)

Labour Relations Act,

PRIVATE AGENCY APPLIES FOR ACCREDITATION



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 accreditation 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

A motivation for accreditation and the private agency's code of conduct must be attached to this form.

1. PRIVATE AGENCY DETAILS
Name:
Legal status (company, cc, trust, etc):
Date of formation:
Postal Address:
Tel:Fax:
Cell: E-Mail:
Contact Person:
Reference Number:
Full names of directors, members, trustees or partners:
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Please turn over

CCMA Ref. Number.....

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

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		The nature of the business/activities engaged (provide a description of the range of services	in by the private agency offered):
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		2. ACCREDITATION IS SOUGHT FOR THE RESOLUTION FUNCTIONS	FOLLOWING DISPUTE
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it will be perfo functions. The	ese must be the		
dispute function private agence accreditation.			***************************************
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	nops and closed		•
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Please turn over

LRA Form 7.2
Private Agency Applies for Accreditation
Page 3 of 4

Provide details on		INFORMATION ON AREA OF OPERATION
areas (sectors, pro centres and district operation.		
	o de la companya de l	
		•
i este de		
	4.	MOTIVATION
		Prepare a motivation for the governing body of the CCMA, which eals with the issues raised in Section 127(4) of the LRA.
	Th	ese 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.
t San War	(b	Describe management and human resource capacity
	Pr	ovide 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);
Mary Comment		
		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:	•
	•
Position: 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 t	he Labour Relations Act, 1995, been
	on functions, subject to the terms set out
in the accompanying attachment. This	·
(date)	to(date)
	• •
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	er i de la companya de la companya de la companya de la companya de la companya de la companya de la companya
-	Director, CCMA
	Private Bag X94
(Official stamp of CCMA)	i iivate bag X34
(Ciricial starrip of Column)	Marshalltown
	2107
	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



COMMISSION FOR CONCILIATION, MEDIATION & ARBITRATION

This is to certify that	
	<u></u>
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	ame of applicant)
	1000 (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000)
as, in terms of section 127	of the Labour Relations Act, 1995, beer
ccredited to perform dispute res	olution functions, subject to the terms set ou
the accompanying attachment.	This certificate is valid from
(date)	(date)
	and the state of t
	•
	Director, CCMA
	Private Bag X94
(Official stamp of CCMA)	
	Marshalltown
	2107
	Date:
	Reference Number:

LRA Form 7.5 Section 129(1) Labour Relations Act, 1995

COUNCIL OR PRIVATE AGENCY APPLIES TO AMEND ACCREDITATION



Read This First



WHAT IS THE PURPOSE OF THIS FORM?

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.

WHO FILLS IN THIS FORM?

An accredited council or accredited 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

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

CHECK!

Have you attached your current certificate of accreditation?

1.	AP	PLI	CA	NT	D	ET.	ΑII	LS
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Name:	***************************************
***************************************	•••••••••••••••••••••••••••••••••••••••
Postal Address:	·····

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

2. ACCREDITATION AMENDMENTS SOUGHT

The applicant wants to amend its current accreditation in the following way:							
,							

CCMA Ref	Number
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Please turn over —

LRA Form 7.5 Council or Private Agency Applies to Amend Accreditation Page 2 of 2

Please supply information on change	s to areas of	oneration sen	ice user	and o	ther matters (refe
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section 127(4)):						
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		••••••			***********	••••
. CONFIRMATION OF ABOVE DETA	ILS:					
		*********				•••
Form submitted by (name):						
and the second of the second o					*,	••••
Signature:		••••••				••••
Signature:				•	•••••	
Form submitted by (name):						
Signature:						
Signature: Position: Date:						

LRA form 7.6 Section 131(1) Labour Relations Act 1995

TO RENEW ACCREDITATION



READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

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

WHO FILLS IN THIS FORM"?

An accredited 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 current certificate of accreditation must be attached to this form.

1. COUNCIL DETAILS
Name
Postal Address
Contact person
Tel:Fax:
Cell: E-mail:
2. ACCREDITATION RENEWAL
The council applies to renew its accreditation for
(its current form or in amended terms)
If the council is applying to amend the terms of accreditation, provide motivation and details:

Please turn over

CCMA REF. No.

LRA Form 7.8 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):
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Production of Marketine	
	- 2
CHECKI	(use a separate sheet of paper if necessary)
Have you attached your current certificate of accreditation?	ing the second s
	Form submitted by:
	Name
	Signature:
	Position:
	Date:
	Place:
The second secon	in the second of

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: F	
Full names of directors, members trustee	
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in sangganili Sangganili	
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CCMA REF. No	Please turn over

LRA Form 7.7 Section 131(1) Private Agency Applies to Renew Accreditation Page 2 of 3

2.70	2. ACCREDITATION RENEWAL
	The agency applies to renew its accreditation for
	If the agency amends is applying to amend the terms of accreditation, provide motivation and details:
The state of the	
	(its grown town as in assembled towns)
	(ILS CUTTER) (OF MOTOR AT MEMBER 1
	(its current form or in amended terms)
CHECKI	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	Describe changes (if any) since the agency was last accredited. These changes could be: area of operation, service users and other matters
Have you attached your current certificate of	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	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):
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Have you attached your current certificate of	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):
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Have you attached your current certificate of	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	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	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):

LRA Form 7.7
Section 131(1)
Private Agency Applies to Renew Accreditation
Page 3 of 3

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	Form submit	ted by:	
	Name		
	Signature:	***************************************	
	Position:		
	Date:		
	Place:		
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CCMA Ref. Number.....

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 GCMA 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))?

	UNCIL DETAILS
Name :	·

Postal /	Address:
.,,,,,,,,,,	
	Fax:
Contact	t Person:
Referer	nce Number:
	The second of th
	PUTE RESOLUTION FUNCTIONS FOR WHICH COUNCIL IS CREDITED OR SEEKING ACCREDITATION
	ne Council already accredited to perform particular dispute plution functions?
_	Yes
۵	No
If ye	s, attach the certificate of accreditation.
	any dispute resolution functions of the Council performed by accredited agency?
O)	Yes
o o	No
	s, name the agency and describe those dispute resolution tions.

*********	· ·

Please turn over

LRA Form 7.8 Council Applies for Subsidy Page 2 of 4 pages

	Yes				
©	No				3 19 18
If ye	s, 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	s financial yea	r, ie. 31 N	larch)	
٨٥٥١	redited Functions				

Provide best estimates	or the number	er ot cases the	Council expect t	o deal with in n	espect 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		ė.	
41(6) BCEA 1997	Severance Pay			
191(1)	Unfair Labour Practice			
Total				

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
		Talker (Fig. 1)	Accredited Functions
Conciliation	.1447.		in in the second of the second
Arbitration			e Maria de la compressión de l
Other (specify)	N/A	er, to great a contract	
Admin and Infrastructure Costs	N/A	N/A	Mark Mark Sub Area (1977)
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	ln %	In Rands	ln %
Levies on Employers				
Levies on Employees				
User Charges				
Commission Subsidy				
Other				
TOTAL				

Please	turn	OVAL	
T IMASM	111111	11444	

LRA Form 7.8 Council Applies for Subsidy Page 4 of 4 pages

The	levy	rate	per	emplo	yee	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 submitte	d by (name):		
Signature:		nekîde en nijn wexane ji	g digitar i Thomas para Afrika a Trigat y
		नामधीरी । ५१ मा १ स्थापकार १ विमान १ मी १ मा भूमित गर्ने १८५	
rosidon			
Date:	• • • • • • • • • • • • • • • • • • • •	e marine a complete control co	Advanced to the second of the
Place:	********	Service and the service and th	man of the state o

LRA Form 7.9 Section 132(1)

Labour Relations Act, 1995

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 CGMA 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@GCMA.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.

CHECKI

Have you attached your current certificate of accreditation?
Have you attached your budget?
Have you attached your motivation (see section 132(2))?

PRIVATE AGENCY APPLIES FOR SUBSIDY



1. PRIVATE AGENCY DETAILS	and the second of the second o
Name:	
Postal Address:	The second of th
•	
Tel:Fax:	n vereni i na na na na na na na na na na na na na
Cell: E-Mail:	
Contact Person:	
	Jack Text Congress of the first
Reference Number:	
2. DISPUTE RESOLUTION FUNCTION	annyng chy fash er ei milyte i s
Is the agency already accredited to perfor	rm dispute resolution functions?
	e en la la la la la la la la la la la la la
No 🗖	
If yes, attach the certificate of accreditation	in.
Is the agency currently applying for accre	ditation to perform dispute resolution
functions?	
iuncuona:	
Yes	
No 🗖	
If yes, attach the relevant application for a	accreditation.
	,

Please turn over -

CCMA Ref. Number.....

LRA Form 7.9 Private Agency Applies for Subsidy Page 2 of 2

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 (nam	ne):	· · · · · · · · · · · · · · · · · · · ·	***************************************	
	* * * * * * * * * * * * * * * * * * *			
			of the state of th	

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:

CHECKI

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:				
· ·				
	in the second of the second o			
Tel:	Fax:			
Cell:	E-Mail:			
Contact Person:				
Reference Numbe	ji na mili na imekali in r	***********	*	

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 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;
- Any other satisfactory proof of

PROVINCIAL OFFICES OF THE CCMA

CCMA EASTERN CAPE

107 Govan Mbeki Street PORT ELIZABETH

Private Bag X22500, PORT ELIZABETH

Tel: (041) 505 4300 Fax: (041) 586-4585 Email: PÉ@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

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

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

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

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

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

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

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

Visit the CCMA website at:

http://www.ccma.org.za

LRA Form 7.11

	Referring a Dispute to the CCMA for Conciliation (including Con-A Page 2 of 5 pag
READ THIS FIRST	1. DETAILS OF PARTY REFERRING THE DISPUTE
	As the referring party, are you:
Tole the second to the	☐ An employee ☐ A trade union
Tick the correct box ☑	☐ An employer ☐ An employer's organization
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.	(a) Name of the party if the referring party is an employee or employer Name: ID Number: Postal Address: Postal Code: Fax: Email: Alternate contact details of employee: Name: Postal Address: Postal Code:
	Tel: Cell: Email:
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).	(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
OTHER PARTIES	Name:
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.	Postal Address: Postal Code: Tel: Email: DETAILS OF THE OTHER PARTY (PARTY WITH WHOM YOU ARE IN DISPUTE) The other party is:
Tick the correct box-☑	☐ An employee ☐ A trade union
	☐ An employer ☐ An employer's organisation
	Name:
	Postal Code:

Please turn over -

LRA Form 7.11
Referring a Dispute to the CCMA for Conciliation (including Con-Arb)
Page 3 of 5 pages

	3. NATURE OF THE DISPUTE	12. 11 to 1	
	5. IIII 5. III 5. II 5.		
.1	What is the dispute about (tick only one	e box)?	
	ė.		
Tick the correct box	Unfair dismissal	Unfair Labour Practice (Give details)	Refusal to Bargain
If the dispute concerns	Organisational Rights	Mutual Interest	S80 BCEA
dismissals, also complete Part B (See Page 5)	Unilateral change to terms and conditions of employment	Severance pay S41 BCEA	Unfair Discrimination S10 of the Employment Equity Act (Give details)
See .	Interpretation/ Application of Collective Agreement	☐ Disclosure of Information	S19 Skills Development Act
	Freedom of Association	Unfair Labour Practice (probation)	
	Other (place describe)		e gita n
¥.	Other (please describe)		
,		••••••	***************************************
	·		
	Summarise the facts of the dispute y	ou are referring:	
This section must be	***************************************		
completed!			
- Compiler of the Compiler of			
If necessary write the details on			**********
a separate page and attach to			
this form was a substitute of the state of t	4. DATE DISPUTE AROSE		
	The dispute arose on:	(abo the date day month as	ad wart
UNFAIR LABOUR PRACTICE	The dispute arose where:		marrier and the state of the st
If the disputate) concerns an	•	(give the city/town in which the o	dispute)
If the dispute(s) concerns an unfair labour practice the	If the dispute concerns a dismissal the	no data incorted hare much he th	a came as that set out in Itam
dispute must be referred (je.	2 of Part B.	te date inserted nere thast pe th	e same as that set out in item
received by the CCMA) within			
90 days of the act or omission which gave rise to the unfair	5. DETAILS OF DISPUTE PROCI	EDURES FOLLOWED	
labour practice. If more than 90 days has elapsed you are	Have you followed all internal grieval before coming to the CCMA?		☐ YES ☐ NO
required to apply for condonation.	Describe the procedures followed:		

		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	6. RESULT OF CONCILIATION		
	J. REGULT OF CONCILIATION		
	What outcome do you require?		***************************************
	, , , , , , , , , , , , , , , , , , , ,		
:1	,		***************************************

LRA Form 7.11
Referring a Dispute to the CCMA for Conciliation (including Con-Arb)
Page 4 of 5 pages

	rage 4 or 5 pages
	7. SECTOR
	Indicate the sector or service in which the dispute arose.
100 mm m m m m m m m m m m m m m m m m m	Retail sector Private Security Public Service
Tick the correct box	☐ Mining ☐ Paper & Printing ☐ Health
And the second second	Motor Services UChemical
,	Distribution Food & Beverage Agriculture
	Wholesale Building & Construction Contract Cleaning
	UDomestic UOther (please describe)
	8. INTERPRETATION SERVICES
- C - 94	Do you require an interpreter at the conciliation / con-arb?
	If yes, please indicate for what language:
Parties may, at their own cost,	Afrikaans DisiNdebele DisiZulu DisiXhosa
bring interpreters for languages other than the official South	Sepedi Sesotho Setswana siSwati
African languages. Please indicate this under other.	Tshivenda
molecules under ouger.	9. SPECIAL FEATURES / ADDITIONAL INFORMATION
Special features might be the	
urgency of the matter, the large	Briefly outline any special features / additional information the CCMA needs to note:
number of people involved, important legal or labour issues	
etc.	
	10. Dispute about unilateral change to terms and conditions of employment (s64 (4))
Only fill this in if this is a dispute	
about unilateral change to terms and conditions of	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
employment.	that applied before the change.
· .	Signed: (Employee party referring the dispute)
The con-arb process involves	11. OBJECTION TO CON-ARB PROCESS
arbitration being held immediately after the	I/we object to the arbitration commencing immediately after the conciliation in terms of Section 191(5A)(c).
conciliation if the dispute remains unresolved.	Signed:
Only fill this in if you object to	If the employer objects to the arbitration commencing immediately after the conciliation the
the arbitration commencing immediately after conciliation.	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
An objection cannot be made in	whether it makes this objection.
disputes relating to probation.	12. CONFIRMATION OF ABOVE DETAILS
	Signature of party referring the dispute:
	Signed aton this
	(place) (date)

LRA Form 7.11 Referring a Dispute to the CCMA for Conciliation (including Con-Arb) Page 5 of 5 pages

LRA Form 7.11 Section 135 Labour Relations Act 1995 Section 191(5A)

PART B ADDITIONAL FORM FOR DISMISSAL DISPUTES ONLY



DATE OF REFERRAL

Dismissal disputes must be referred (i.e. received by the CCMA) within 30 days of dismissal or, if it is a later date, within 30 days of the employer making a final decision to dismiss or to uphold the dismissal. If more than 30 days has elapsed since the date of your dismissal, you are required to apply for condonation.

Tick the correct box

Tick the correct box

if necessary write the details on a separate page and attach to this form.

1.	COMMENCEMENT OF EMPLOYMENT		
	When did you start working at the company?	·	
2.	NOTICE OF DISMISSAL		
	When were you dismissed (date)?		
	How were you informed of your dismissal?		
	n writing	Orally	
	Other (please describe)		
3.	REASON FOR DISMISSAL		
J.	Why were you dismissed?		
e - ,	y program and the second second sections	y services the services	
	☐ Misconduct	L_Incapacity	
	Operational Requirements (Retrenchment)	Unknown	
	(Constitution)	Constructive	
	Other (please describe)		
4.	WAS THE DISMISSAL RELATED TO PROBATIO	ON ⊞Yes □NO	1
5.	FAIRNESS/UNFAIRNESS OF DISMISSAL	100 mm	
a.	Procedural Issues		
	Was the dismissal procedurally unfair?	□ _{YES} □	7,10
	en en en en en en en en en en en en en e	TES TO THE TEST OF	
	If yes, why?	rak di Timboli di Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Ka Kabupatèn Kabupatèn	
	The second of th	en en en en en en en en en en en en en e	
b.	Substantive Issues		
-	Was the reason for the dismissal unfair?	□ _{YES} □	J _{NO}
	If yes, why		
••••	,,		
•••••	······································	······································	•••••

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 NUMBI	ER:	
I certify that the dispute between:		*************	~~~	Turke Tools of World
	and			Total History
(referring party)	eferred to cond	ciliation on:	(other party/	parties)
	(give da	ite)	************	
	Concern	ing		
		*		
! 				
O Was resolved on the (give date)	OI OI	O Remains	unresolved as	of Per Tooks
Condonation:	Grante	ed No	ot applicable	
If this dispute remains unresolved, it can be referred to:	Arbitration	Labour Court	Strike/ Lockout	None
		Na	me of Commiss	ioner
		Sign	ature of Commi	ssioner
Official stamp of the CCMA (or Bargaining Council or Accredited Agency)			Place	
- and an an analytic state of the state of t	1	**************	Date	

LRA Form 7:13 Section 136 Labour Relations Act, 1995

REQUEST FOR ARBITRATION



Read This First



WHAT IS THE PURPOSE OF THIS FORM?

If consiliation fails, a party may request that the CCMA resolve the dispute by arbitration.

WHO FILLS IN THIS FORM?

The party requesting the arbitration

WHERE DOES THIS FORM GO?

To the Registrar at the Provincial Office of the GCMA (Please refer to the last page for details).

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.

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.

milion of the second of the se	1 Jan Wiles, A. V. Kin	Marine Committee	
Postal Address:	•••••		•••••
	•••••••	••••	
Tel:	Fax:		
Cell:	Emai		
การของก็จจระกา			
2. DISPUTE DETAILS			
Case Reference Number	ər:		••••
The case between		and	
	(party)	(other party)	
was referred for conciliat	ion, but remains u	nresolved	
er er er er er er er er er er er er er e			
The certificate confirming	the failure of cond	ciliation is attached	
In terms of Section		I / we now request	tha
y 9 many	(see chart on page 3)	· · · · · · · · · · · · · · · · · · ·	
the matter be resolved th	rough arbitration.		
The issues in dispute are	** A		
7		•••••••••••••••••	
and the first of the second of the second of	•••••	novejiti kalain	••••
************************************	44 44 X 4 4.44 8 8.45 8 8.45 8.4 8.4 8 8 8	yngaringian agaman.	••••
Marine Commission of the Commi	Same France		••••
.v			

CCMA Ref. Number.....

Please turn over

LRA Form 7.13 Request for Arbitration Page 2 of 4

- OTHER INSTRUCTIONS	3. WHAT DECISION WOULD YOU LIKE THE COMMISSIONER TO
A copy of this form must be served on the other party	MAKE:
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 	
handidelivered; A signed statement	
confirming service by the person delivering the form:	190
 A copy of a fax-confirmation slip-or 	The commissioner may require a more detailed statement of case later.
 Any other satisfactory proof of service. 	4. CONFIRMATION OF ABOVE DETAILS:
The certificate confirming that	Form submitted by(name):
the dispute was unresolved. through conciliation must	Signature:
also be attached to this form.	Designation:
If a party does not want the commissioner who	Date:
conducted the conciliation proceedings to arbitrate this	Place: This form must be signed by the referring party or a person entitled to represent
dispute, that party must fill in LRA form 7.14	the party in the arbitration proceedings
If both parties agree on a	5. DETAILS OF OTHER PARTY
particular commissioner to arbitrate then they must	Name :
inform the CCMA within 48 hours of the dispute being	Designation:
certified as unresolved	Postal Address:
If a party wants a senior commissioner to arbitrate	
they must fill in LRA Form 7.15	Tel: Fax:
Check	Cell:Email:
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?	Please turn over

LRA Form 7.13 Request for Arbitration Page 3 of 4

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.

NB: Demarcation disputes (Section 62) must be processed on LRA Form 3.23

LRA Form 7.13 Request for Arbitration Page 4 of 4

PROVINCIAL OFFICES OF THE CCMA

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

CCMA EASTERN CAPE

107 Govan Mbeki Street **PORT ELIZABETH**

Private Bag X22500, PORT ELIZABETH, 6000

Tei: (041) 505 4300 Fax: (041) 586-4585 Email: 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

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

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

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

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

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

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

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. PAR	RTY DETAILS
Name:	
Postal Ad	ddress:
Tel:	Fax:
Cell:	E-Mail:
	ealing with the application:
	e Number:
	:
2. DET	AILS OF THE OTHER PARTY
Name:	
	ldress:
	Fax:
	E-Mail:
	Person:
	e Number:
110.0701101	-
3. OBJE	ECTION DETAILS
l/we	
	(names)
object to t	the Commissioner
who conc	iliated the(name)
WIIO CONC	(name of dispute/matter)
arbitrating	the same dispute.
Therefore	we request the CCMA to appoint a different Commissioner.
4. CON	FIRMATION OF ABOVE DETAILS:
Form subr	nitted by (name):
Position:	
Signed	
Data	

CCMA Ref. Number.....

Please turn over

LRA Form 7.14 Notice of Objection to Arbitration by Same Commissioner

PROVINCIAL OFFICES OF THE CCMA

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

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

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

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

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

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

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

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

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

LRA Form 7.15 Section 137

APPLICATION TO APPOINT SENIOR COMMISSIONER TO Labour Relations Act. ARBITRATE 1995



Read This First



WHAT IS THE PURPOSE OF THIS FORM?

This form is an application by a party to the CSC of the CCMA to appoint a Senior Commissioner to arbitrate.

WHO FILLS IN THIS FORM?

A party to the dispute.

WHERE DOES THIS FORM GO?

The CSC of the Provincial Office, Please refer to the lastpage for details.

OTHER INSTRUCTIONS

Two documents must be attached to this form:

- (a) A motivation;
- (b) 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? Have you attached your motivation (see section 137)?

1. APPLICATION

I/we apply to the CCMA to appoint a Senior Commissioner to resolve the dispute which has the following reference number:

2. MOTIVATION

Prepare a motivation which deals with the issues raised in section 137 of the Act. Some of these issues are:

- the complexity of the dispute;
- whether there are conflicting arbitration awards that are relevant to the dispute;
- the public interest:
- the nature of the question of law raised by the dispute.

3. CONFIRMATION OF ABOVE DETAILS:

Form submitted by (name):	
Signature:	
	1
Position:	
Date:	***************************************
Place	

CCMA Ref. Number..... Please turn over

LRA Form 7.15 Application to Appoint Senior Commissioner to Arbitrate Page 2 of 2

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: <u>PE@ccma.org.za</u>

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: <u>BLM@ccma.org.za</u>

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

CCMA KWAZULU NATAL

Garlicks Chambers, 61 Field Street,

DURBAN

Private Bag X54363, DURBAN, 4000

Tel: (031) 362 - 2300 Fax: (031) 306-5402 Email: <u>KZN@ccma.org.za</u>

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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 **CCMA MPUMALANGA**

Foschini Centre Eadie Street

Private Bag X7290, WITBANK,1035

Tel: (013) 656-2800 Fax: (013) 656-2885/6 Email: <u>WTB@ccma.org.za</u>

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

CCMA NORTH WEST PROVINCE

CCMA House 47 Siddle Street,

KLERKSDORP

Private Bag X5004, KLERKSDORP, 2571

Tel: (018) 464-0700 Fax: (018) 462-4126 Email: <u>KDR@.ccma.org.za</u>

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 LRA Form 7.16
Rule 37 of the CCMA Rules
Section 142(1)(a),(b) and (c)
Labour Relations Act, 1995

SUBPOENA



: 		AL 15			
		(Name of S	ubpoenaed Person)		
		(Organisati	on of Subpoenaed Pe	erson)	
		(Address o	f Subpoenaed Persor	1)	
,					•
Commission	ner has been appointed to at	tempt to resolve	a dispute in terms of th	ne Labour Relations	Act, 1995 (No. 66 of 1995)
mmissioner	Γ				has been appointed.
		(Name of C	ommissioner)		
e dispute is	between				
		x - 200		te st	
		jan janan.	(Names of Parties)		
	, Valor		(Issue of Dispute)		
II ara ramin	red in terms of Section 142 o	of the Lahour Dal	otions Act 1005 to	our hofore the Cam	mirrianar at
u are requir	ed in terms of Section 142 (a die Pabori Kei	ations wer isas to app	ear Delore the Com	IIIISSIONEL AL
		(Address w	here hearing is being	held)	
	というできます。 Total Andrews	V 100 II		,	
	(Date of Userin-)		at	CT1	- Control
	(Date of Hearing)	en en en en en en en en en en en en en e		(Time	of Hearing)
u are subp	oensed:				
_ = = - canh		2.1 # <u>V</u>			
for o	questioning in terms of Secti	ion 142(1)(a)			
l to m	roduce any book, document	or object in term	s of Section 142(1)(h)		
=		ant and Charles and Charles			
to gi	ive expert evidence in terms	of Section 142(1)(c)		
ighlight/	/mark appropriate b	lock)		And the second	
ı must brina	and produce the books, do	cuments or object	ts listed below:		
				,	
				iects)	
		(List book	s, documents and ob		
7 71-	parks requestion the sub-		s, documents and ob		
The trave	party requesting the subpoe el expenses to attend the he	na has been dire			ss fees together with the reason
The trave	party requesting the subpoe el expenses to attend the he	na has been dire			ss fees together with the reason
trave	el expenses to attend the he	na has been dire			ss fees together with the reason
trave	party requesting the subpoe el expenses to attend the he igned by CCMA CSC)	na has been dire			

LRA Form 7.17 Rule 39 of the CCMA Rules Section 115 and \$138(10)

Labour Relations Act of 1995

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.

REQUEST FOR TAXATION



1. DETAILS OF PARTY REQUESTING TAXATION: Surname: First Names: Identity number: Postal Address:Postal Code: Tel: Cell: Fax: Email: 2. DETAILS OF OTHER PARTY Postal Address:Postal Code: Tel:.....Cell: Fax: Email: 3. REQUEST FOR TAXATION: Case Reference Number In the case between anda 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.....

LRA Form 7.17 Request for Taxation Page 2 of 2

PROVINCIAL OFFICES OF THE CCMA

CCMA MPUMALANGA

Foschini Centre Eadie Street

Private Bag X7290, WITBANK, 1035

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Fax: (021) 465-7197 or 465-7193 Email: <u>CTN@ccma.org.za</u>

193

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 PRO	OVINCE OF:		******
CASE NO:	*********	or production of the second o	
In the matter between:		والمستعلقين والمستعلقة والمارات	
***************************************		REFE	RRING PART
and	e j		
		OTHE	R PARTY
•			

PART 1: APPLICATION IN TERMS OF SECTION 143 OF THE LRA 66/1995

	Carlo Barrier Ca	
do hereby make oath and s	(name) ay:	

- 1. I am/representthe referring / other party (delete whichever is not applicable) in the matter referred to above (referred to in this document as 'the applicant').
- 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	-

LRA Form 7.18
Application to Certify CCMA Award and Writ of Execution
Page 2 of 5

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 Gaths:

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.
- 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

LRA Form 7.18
Application to Certify CCMA Award and Writ of Execution
Page 4 of 5

WHAT IS THE PURPOSE OF THIS FORM?

PART 3

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 Sherff 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, amployer'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)

W	RIT OF E	EXECUTION	
88		iff/or his Deputy:	
for	the distri	ct of	
Yo	u are her	eby directed to:	
(a)	attach	and take into possession the movable goods of	***************************************
	the ab	ove-mentioned respondent of	(address);
	and		
(b)		ze by public auction of those goods:	- 1
	(i)	the sum of	and the second second
		to the applicant in the above matter in terms of an arbi	•
		and certified by Director of the CCMA on (date)	and the state of t
	(ii)	interest on the amount specified in paragraph	
	(11)	of percent annually calcula	
		with section 143(2) of the Labour Relations Act from the dat	
	(iii)	the sum of	·
	()	the taxed costs awarded to the applicant in terms of the awa	
	(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)		n this writ to the applicant or the applicant's attorney together	
(4)		stating what you have done in execution of this writ.	Willi & Foldin Of
	TED at	this	
day	of	20	
		REGISTRAR OF THE LA	
			• • • • • • • • • • • • • • • • • • • •
CO	NTACT	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 (1st Floor) 113 Loop Street Vlaeberg Cape Town

POBOX 15502 VLAEBERG 8018

Tel: 021 4249035/7 Fax: 021 4249059

KWA ZULU NATAL

ICL House (4th Floor) 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

LRA form 7.18A Section 143 read with section 51(8)

Labour Relations Act 1995

APPLICATION TO CERTIFY BARGAINING COUNCIL 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 in an arbitration conducted under the auspices of a bargaining council 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

 a duly authorised representative of the bargaining council completing part 2 of this form;

Part 3

 submitting the form to the Director of the CCMA for certification;

Part 4

- 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.

CCMA Ref. Number

	BARGAINING COUNCIL CASE NUMBER
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:	
do hereby make oath and say:	(name)
•	wer is not applicable) in the matter referred to above the applicant').
Arbitrator	red to in this document as 'the award) in favour to the

Please turn over

LRA FORM 7.18A
Application to Certify Council Award and Writ of Execution

Page 2 of 5

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, employers organisation or company, a duly authorised representative must complete the form.

4. To date the respondent has not complied with the award.

Application is hereby made for the award to be certified by the Director in terms of section 143(3) of the Act.

"Deponent" refers to the referring party. The completed affidavit should only be signed by the reterring party in the presence of the Commissioner of Gaths:

DEPONENT

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

Government Notices R1258 and R1648 having been complied with.

COMMISSIONER OF OATHS

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.

Please turn over

LRA Form 7.18A Application to Certify Bargaining Council Award and Writ of Execution

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 property must respondents' 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?

	rage 3 01 3
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:
The arbitration referred to above council.	e was conducted under the auspices of this bargaining
1	on the respondent on(date)
Proof of service is attached to thi	
The bargaining council has napplication of section 143 of the	not concluded a collective agreement excluding the Labour Relations Act.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DEPONENT	
understands the contents of this	eponent has acknowledged that he/she knows and affidavit, which was signed and sworn to before me
	, the regulations contained in
COMMISSIONER OF OATHS	
PART 3	
CERTIFICATE IN TERMS OF SECTI	ION 143 (3) OF THE LRA 66/1995
	and the second s
a final and binding arbitration awar	our Relations Act 1995, I hereby Certify that the award is d by an arbitrator conducting an arbitration under the contemplated by section 143(1) read with section 51(8).
DIRECTOR - CCMA	DATE
, r	Please turn over

PART 4

LRA Form 7.18A
Application to Certify Bargaining Council Award and Writ of Execution

Page 4 of 5

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)

	WH	(II OF E	EXECUTION	
	Tot	he Sheri	iff/or his Deputy:	
	for t	he distri	ct of	
	You	are here	eby directed to:	
	(a)	attach a	and take into possession the movable goods of	

		the abo	ove-mentioned respondent of	
		and	(address);	
	(b)	to realiz	ze by public auction of those goods:	
		(i)	the sum of	•
			of the CCMA on (date);	
7. s	4.	(ii)	interest on the amount specified in paragraph (i) at the rate of	
	٠	(iii)	the sum of	
		(iv)	all costs incurred in executing this warrant;	
236	(c)	to pay to	o the applicant or the applicant's attorney the amounts due to the applicant;	
	(d)		n this writ to the applicant or the applicant's attorney together with a return of service what you have done in execution of this writ.	
	DAT	ED at	this	
	day	of	20	
	400	LICANIT	REGISTRAR OF THE LABOUR COURT	
* > 0/00/28%	MUU			
	CON		ETAILS:	
		- · -	Please turn over	

LRA Form 7.18A Application to Certify Bargaining Council 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 (1st Floor)
113 Loop Street Vlaeberg
Cape Town

PIO BOX 15502 VLAEBERG 8018

Tel: 021 4249035/7 Fax: 021 4249059

KWA ZULU NATAL

ICL House (4th Floor) 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

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 COMA. Please refer to the last page for defails.

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 annumhas consented to the holding of the pre-dismissal arbitration in a confract of employment.

REQUEST FOR PRE-DISMISSAL ARBITRATION



The conduct of a pre-dismissal arbitration against	
Cell: E-mail: E-mail: Call: E-mail: E-mail: E-mail: Call: E-mail: Call: E-mail: Call: E-mail: Call: E-mail: E-mail: Call: E-mail: E-mail: E-mail: Call: E-mail: E-mail: Call: E-mail	
Cell:	
The conduct of a pre-dismissal arbitration against	
The conduct of a pre-dismissal arbitration against	
(Name of Employee) for misconduct / incapacity. Full name of employee: Postal address: Tel: Fax: E-mail: ALLEGATIONS ABOUT CONDUCT OR CAPACITY Attach a copy of the charges to this form CONFIRMATION AND CONSENT TO PRE-DISMISSAL ARBIT	
(Name of Employee) for misconduct / incapacity. Full name of employee: Postal address: Tel: Fax: E-mail: ALLEGATIONS ABOUT CONDUCT OR CAPACITY Attach a copy of the charges to this form CONFIRMATION AND CONSENT TO PRE-DISMISSAL ARBIT	***************************************
(Name of Employee) for misconduct / incapacity. Full name of employee: Postal address: Tel: Fax: E-mail: ALLEGATIONS ABOUT CONDUCT OR CAPACITY Attach a copy of the charges to this form CONFIRMATION AND CONSENT TO PRE-DISMISSAL ARBIT	
Full name of employee: Postal address: Tel: Fax: E-mail: ALLEGATIONS ABOUT CONDUCT OR CAPACITY Attach a copy of the charges to this form CONFIRMATION AND CONSENT TO PRE-DISMISSAL ARBIT	***************************************
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Postal address: Tel: E-mail: ALLEGATIONS ABOUT CONDUCT OR CAPACITY Attach a copy of the charges to this form CONFIRMATION AND CONSENT TO PRE-DISMISSAL ARBIT	
Postal address: Fax: Cell: ALLEGATIONS ABOUT CONDUCT OR CAPACITY Attach a copy of the charges to this form CONFIRMATION AND CONSENT TO PRE-DISMISSAL ARBIT	
Tel:	
Tel:	
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Cell: E-mail: E-mail: Conduct OR CAPACITY Attach a copy of the charges to this form CONFIRMATION AND CONSENT TO PRE-DISMISSAL ARBIT	••••••
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Attach a copy of the charges to this form CONFIRMATION AND CONSENT TO PRE-DISMISSAL ARBIT	***************************************
Attach a copy of the charges to this form CONFIRMATION AND CONSENT TO PRE-DISMISSAL ARBIT	
. CONFIRMATION AND CONSENT TO PRE-DISMISSAL ARBIT	
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·	RATION
(Name of Employee)	
confirm that I have been advised of the allegations against me; a	nd
(a) I consent to the process; or(b) I earn more than R89 499 per annum and have consented	to the present in my
contract of employment. A copy of the contract of employment	ent is attached hereto.

Please turn over ---

LRA Form 7.19 Request for Pre-Dismissal Arbitration Page 2 of 3

FEES PAYABLE	5. PAYMENT OF FEES:
Proof of payment of the prescribed fee must accompany this form.	Proof of payment of the prescribed fee of R3 420 (R3 000 plus VAT) is attached.
	6. PLACE OF HEARING
Payment may only be made by: Bank guaranteed chaque;	Please select where you would like the pre-dismissal arbitration hearing to take place:
Direct electronic payment into the CCMA's bank account.	□ CCMA Office
OTHER INSTRUCTIONS	□ Employer Premises
A copy of this form has been served on the other party.	If you select employer premises, please provide address of employer premises
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 	7. SERVICES
person delivering the form;	(a) Interpretation Services
 A copy of a fax confirmation slip; or 	Do you require an interpreter at the conciliation pre-dismissal arbitration?
 Any other satisfactory proof 	□ Yes
of service.	□ No
Tick the correct box ☑	If yes, please indicate for what language:
	□ Afrikaans □ IsiNdebele □ IsiZulu □ isiXhosa
·	□ Sepedi □ Sesotho □ Setswana □ siSwati
	☐ Tshivenda ☐ Xitsonga ☐ Other (please indicate)
	(b) Other
	Briefly outline any special features / additional information the CCMA needs to note:
	8. CONFIRMATION OF ABOVE DETAILS:
17	Form submitted by (name):
	Signature:
·	Position:
	Date:
	Place:
	Please turn over

LRA Form 7.19 Request for Pre-Dismissal Arbitration Page 3 of 3

PROVINCIAL OFFICES OF THE CCMA

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

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

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

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

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

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

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

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

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

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?

Tihis 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

CCMA FREE STATE

NBS Building, Cnr Elizabeth & Westburger Street BLOEMFONTEIN Private Bag X20705, BLOEMFONTEIN, 9300 Tel: (051) 505-4400 Fax: (051) 448-4468/9

CCMA GAUTENG

Email: BLM@ccma.org.za

CCMA House, 20 Anderson Street, JOHANNESBURG Private Bag X94, MARSHALLTOWN, 2107

Tel: (011) 377-6600 Fax: (011) 377-6678/58/80 Email: <u>GAUTENG@ccma.org.za</u>

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

CCMA MPUMALANGA

CCMA House, Eadie Street WITBANK

Private Bag X7290, WITBANK 1035 Tel: (013) 656-2800

Fax: (013) 656-2885/6 Email: <u>WTB@ccma.org.za</u> CCMA NORTH WEST PROVINCE CCMA House 47 Siddle Street,

KLERKSDORP

Private Bag X5004, KLERKSDORP, 2571 Tel: (018) 464-0700

Fax: (018) 462-4126 Email: <u>KDR@ccma.org.za</u>

CCMA NORTHERN CAPE CCMA House, 1A Bean Street

KIMBERLEY

Private Bag X6100, KIMBERLEY, 8300

Tel: (053) 831-6780 Fax: (053) 831-5947/8 Email: <u>KMB@ccma.org.za</u>

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

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 LRA Form 7.20 Request for section 189A operational requirements facilitation

Page 2 of 4 pages

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The second of the second of			40.00
1999	2		-
Tick the	$\alpha \cap m \circ \alpha$	Chov.	

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	PARIY	REQUESTING	FACILITATION
			16.0	Take an

Employer	Party representing majority of employees
Postal Address	
	Postal Code:
Contact Person	Y
Tel:	Cell:
Fax:	Email:

2. DETAILS OF THE OTHER PARTY

744110	***************************************	************
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

LRA Form 7.20 Request for section 189A operational requirements facilitation Page 3 of 4 pages

	7.	SUMMARISE THE F DISMISSALS FOR (ACTS RELATING T DPERATIONAL REC	O THE CONTE	MPLATED
	36574 BCG.				
	0 0 3 0		•		
		•••••	••••••		
	8.	SECTOR		***************************************	
Tick the correct box ☑	/	ndicate the sector or s	ervice in which the d	lispute arose.	
	1	□ Retail sector	Private Security	y	☐ Public Service
] [□ Distribution	☐ Food & Bevera	ge	☐ Agriculture
	[□ Wholesale	☐ Building & Cons	struction	☐ Contract Cleaning
		☐ Media & Television	□ Mining		□ Metal
		□ Motor	☐ Chemical		□ Health
		□ Transport	☐ Services		☐ Paper & Printing
		□ Domestic	□ Other (please o	describe)	
	9.	INTERPRETATION S	ERVICES		
	Do yo	ou require an interprete	er at the facilitation?		□YES □NO
	If	yes, please indicate f	or what language:		
Parties may, at their own) Afrikaans	□isiNdebele	□isiZulu	□isiXhosa
cost, bring interpreters for languages other than the] Sepedi	□ Sesotho	□Setswana	□siSwati
official South African languages. Please indicate		[]] Tshivenda	□Xitsonga	□ Other (ple	ase indicate)
this under 'other'.					
		•			
				Plea	se turn over

LRA Form 7.20

Request for section 189A operational requirements facilitation

	10. SPECIAL FEATURES / ADDITIONAL INFORMATION
Special features might be	Briefly outline any special features / additional information the CCMA needs to note:
the urgency of the matter,	
the large number of people involved, important legal or	
labour issues etc.	
	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:
	_

LRA Form 7.21 Labour Relations Act 1995 Section 200A(3)

REQUEST FOR ADVISORY AWARD ON WHETHER A PERSON IS AN EMPLOYEE



READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

This form is a request to the CCMA to issue an advisory award determining whether a person is an employee.

WHO FILLS IN THIS FORM?

The parties to any working arrangement may request an advisory award provided the affected person/s earn R89 499 per annum or less.

WHERE DOES THIS FORM GO?

The Registrar, Provincial Office of the CCMA. See details on this page.

WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?

The CCMA will appoint a commissioner to hear the matter and issue an advisory award.

AN EMPLOYEE

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

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: <u>BLM@ccma.org.za</u>

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

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

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Private Bag X7290, WITBANK 1035

Tel: (013) 656-2800 Fax: (013) 656-2885/6 Email: <u>WTB@ccma.org.za</u> 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

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

CCMA LIMPOPO 104 Hans van Rensburg Street, POLOKWANE, 0699 Private Bag X9512, POLOKWANE 0700 Tel: (015) 297-5010 Fax: (015) 297-1649

Tel: (015) 297-5010 Fax: (015) 297-1649 Email: <u>PTB@ccma.org.za</u>

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

LRA form 7.21 Request for Advisory Award on Whether a Person is an Employee

READ THIS FIRST DETAILS OF PARTY REQUESTING THE ADVISORY AWARD As the referring party, are you: An employee A trade union Tick the correct box An employer An employer's organisation The name of the employee or an (a) Name of the party if the referring party is an employee or employer employer that is referring the request must be filled in (a). Name: If there is more than one ID Number: employee to the dispute and the Postal Address: referring party is not a trade union, then each employee must Postal Code: supply their personal details and Tel:.....Cell:..... signature on a separate page, which must be attached to this Fax:______ Email: _____ form. Alternate contact details of employee: These alternate contact details Name:..... should be of a union official or representative, a relative or a Postal Address: friend. Postal Code:..... Tel: Cell: Fax: Email: The name of the trade union or (b) Name of the referring party if the referring party is an employer's employers organisation that is organisation or trade union, or if the employer's organization is assisting a referring the request or assisting member to the dispute a member to refer the request Name: must be filled in (b). Postal Address: Postal Code: Tel: Cell: OTHER PARTIES Fax: Email: If more than one party is **DETAILS OF THE OTHER PARTY** referring the dispute or if the The other party is: dispute is referred against more than one party, write down the An employee A trade union additional names and particulars on a separate page and attach An employer An employer's organisation to this form. Name:..... Tick the correct box Postal Address:Postal Code: Tel: Cell: Fax: Email: Please Turn Over

LRA form 7.21 Request for Advisory Award on Whether a Person is an Employee

PRESUMPTION AS TO WHO IS AN EMPLOYEE **PRESUMPTION** Please tick whichever block applies to the working arrangement of the person/s in respect of whom the advisory award is sought. Section 200A(1) lists factors, which, if present create a The manner in which the person works is subject to the control or direction presumption that a person is an of another person. employee The person's hours of work are subject to the control or direction of another person. Tick whichever box The person forms part of the organization for whom the work is performed. is applicable 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 **EARNINGS** The person or persons included in the working arrangement earn: An advisory award in terms of section 200A may only beper annum sought in respect of person/sper annum who earn amounts equal to, or less than, R89 499 per annum.per annum (If space is not sufficient, include additional information on a separate page and attach to this form) 5. SECTOR Retail sector Private Security **Public Service** Mining Paper & Printing Health Motor Services Chemical Tick the correct box Distribution Food & Beverage Agriculture Wholesale **Building & Construction** Contract Cleaning **Domestic** 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
	6. INTERPRETATION SERVICES	
Parties may, at their own cost, bring interpreters for languages other than the official South African languages. Please	Do you require an interpreter at the advisory hearing	g? YES NO
Indicate this under other	If yes, please indicate for what language:	
Tick the correct box	Afrikaans Sesotho	Setswana
	Sepedi Xitsonga	isiXhosa
	Tshivenda isiZulu	siSwati
	isiNdebele Other (Please inc	licate
Special features might be the	7. SPECIAL FEATURES / ADDITIONAL INFORMATIO	N
urgency of the matter, the large number of people involved, important legal or labour issues	Briefly outline any special features / additional information	ation the CCMA needs to note:
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	3. CONFIRMATION OF ABOVE DETAILS	
party must be supplied by attaching:	Form submitted by (name):	
A copy of a registered slip	Signature:	
from the Post Office; A copy of a signed receipt if	Position: Date: Da	
hand delivered; A signed statement con-	Place:	
firming service by the person delivering the form;		
A copy of a fax confirmation slip; or		
 Any other satisfactory proof of service. 		

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.

**	
Shifts worked	***************************************
1.133.1	
a) from	to
1. Sept. 12. Sep	ART ST
h) from	toto

c) fromto

2) EMPLOYEE INFORMATION

1) GENERAL INFORMATION

Name:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Status (full time or p		
Age:		: *******************************

3) ORDINARY TIME WORKED (INCLUDES SHIFT WORK IF APPLICABLE AND EXCLUDES OVERTIME WORK)

Hours worked	Shift a), b) or c)

****************	*************

N. S. S. S. S. S. S. S. S. S. S. S. S. S.	************
*************	*****************
***************	***************

*******	***************
*************	***************

... please turn over \rightarrow

LRA Form 9.1 Employer's record of employee's earnings, deductions and time worked Page 2 of 2

4) OVERT	IME	
,		
Day of	the week	Hours worked
Sunday		Hours worked

Monday		******************************
Tuesda		*******************************
Wednes		***************************************
Thursda	ay .	***************************************
Friday		***************************************
Saturda	y	***************************************
	ertime hours	
	e rate per hour	
Amount	dua	***************************************
Amount	duc	P44 + P44 +
5) PAY		
Earning	S	
	t from ordinary worl	k
Amount	t from overtime wor	rk
	er allowance	
Total	ioi wionanoo	***************************************
Deduct	Hama	***************************************
P.A.Y.E		
Cantee	n	***************************************
Loan	•	***************************************
Other		***************************************
Total ta	ike home pay	***********
	•	
	ar Alba	
7		and the short of the transmission in a sure of
l,		certify that this information is correct.
(empi	loyers name)	
Signature:		
Date:	••••••	

LRA Form 9.2 Section 205(3)(a) Labour Relations Act,

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, leck-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?
4	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)

 $\frac{\partial^{n}}{\partial x^{n}} \left(\left(\partial_{x} \frac{\partial}{\partial x} \partial_{x} \frac{\partial}{\partial x} - \partial_{x} \partial_{x} \partial_{x} \right) \right) = 0 \quad \text{if } \quad 0 \leq 1 \leq n .$

LRA Form 9.2

Record of strike, lock-out or protest action

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	Employees
100 mm	Number of employees involved Number of total workforce
	% of female employees involved % of females in total workforce
200 (1970) 100 (1970) 100 (1970)	Total man-hours lost
	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)
	No see an Don't Know
	If no, or don't know, please explain
	Reasons:
	Provide reasons for the action and describe the demands made:
February Comment	
And the second second	Strikes:
71500 Sept.	If the action was a strike, please answer the following questions:
Again to	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: