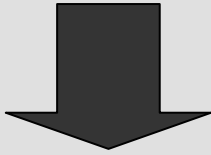


# REQUEST FOR ARBITRATION



### Read This First



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

If conciliation 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 CCMA. (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.

## 1. DETAILS OF PARTY REQUESTING ARBITRATION

Name : .....

.....

Postal Address:.....

.....

.....

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

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

## 2. DISPUTE DETAILS

Case Reference Number: .....

The case between .....and .....  
(party) (other party)

was referred for conciliation, but remains unresolved

The certificate confirming the failure of conciliation is attached

In terms of Section ..... I / we now request that  
(see chart on page 3)  
the matter be resolved through arbitration.

The issues in dispute are .....

.....

.....

.....

.....

(Give a brief description. The commissioner may require a more detailed statement of case later)

CCMA Ref. Number.....

Please turn over



**OTHER INSTRUCTIONS**

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

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

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

The certificate confirming that the dispute was unresolved through conciliation must also be attached to this form.

If a party does not want the commissioner who conducted the conciliation proceedings to arbitrate this dispute, that party must fill in LRA form 7.14.

If both parties agree on a particular commissioner to arbitrate then they must inform the CCMA within 48 hours of the dispute being certified as unresolved.

If a party wants a senior commissioner to arbitrate they must fill in LRA Form 7.15.

**Check!**

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

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

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

**3. WHAT DECISION WOULD YOU LIKE THE COMMISSIONER TO MAKE:**

.....

.....

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.....

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.....

The commissioner may require a more detailed statement of case later.

**4. CONFIRMATION OF ABOVE DETAILS:**

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

Signature:.....

Designation: .....

Date: .....

Place: .....

**This form must be signed by the referring party or a person entitled to represent the party in the arbitration proceedings**

**5. DETAILS OF OTHER PARTY**

Name : .....

Designation:.....

Postal Address: .....

.....

.....

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

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

**Please turn over** →

**ARBITRATION REQUESTS**  
**SECTION LIST/NATURE OF DISPUTE**

LRA Section	Dispute
16(9)	Disclosure of information
21(7)	Acquisition of organisational rights
21(11)	Withdrawal of organisational rights
22(4)	Interpretation or application of any provision of Part A of Chapter 3 other than a dispute in terms of Section 21
24(5)	Interpretation or application of collective agreement in respect of statutory council
24(6)	Interpretation or application of agency or closed shop agreement
45(4)	Interpretation or application of ministerial determination in respect of a statutory council
61(13)	Interpretation or application of lapsed Bargaining Council collective agreement
74(4)	Essential services
86(7)	Joint decision-making (workplace forum)
89(6)	Disclosure of information (workplace forum)
94(4)	Dispute about application or interpretation – Chapter 5 (workplace forum)
133(2)(b) / 141(1)	Consent to arbitration where Labour Court has jurisdiction
191(5)(a)	Unfair dismissal
191(5)(a)	Unfair labour practices
191(12)	Unfair dismissal for operational requirements
BASIC CONDITIONS OF EMPLOYMENT ACT SECTION 41	Severance pay
SKILLS DEVELOPMENT ACT SECTION 19(5)	Interpretation and application of learner agreement / learner contract of employment / S 18(3) determination.

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



## 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](mailto: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](mailto:PE@ccma.org.za)

### CCMA FREE STATE

NBS Building,  
Cnr Elizabeth & Westburger Street  
**BLOEMFONTEIN**  
Private Bag X20705, BLOEMFONTEIN, 9300  
**Tel:** (051) 505-4400  
**Fax:** (051) 448-4468/9  
**Email:** [BLM@ccma.org.za](mailto:BLM@ccma.org.za)

### CCMA GAUTENG

CCMA House, 20 Anderson Street,  
**JOHANNESBURG**  
Private Bag X94, MARSHALLTOWN, 2107  
**Tel:** (011) 377-6600  
**Fax:** (011) 377-6678/58/80  
**Email:** [GAUTENG@ccma.org.za](mailto:GAUTENG@ccma.org.za)

### CCMA KWAZULU NATAL

Garlicks Chambers, 61 Field Street,  
**DURBAN**  
Private Bag X54363, DURBAN, 4000  
**Tel:** (031) 362 - 2300  
**Fax:** (031) 306-5402  
**Email:** [KZN@ccma.org.za](mailto:KZN@ccma.org.za)

### CCMA NORTH WEST PROVINCE

CCMA House 47 Siddle Street,  
**KLERKSDORP**  
Private Bag X5004, KLERKSDORP, 2571  
**Tel:** (018) 464-0700  
**Fax:** (018) 462-4126  
**Email:** [KDR@ccma.org.za](mailto:KDR@ccma.org.za)

### CCMA NORTHERN CAPE

CCMA House, 1A Bean Street  
**KIMBERLEY**  
Private Bag X6100, KIMBERLEY, 8300  
**Tel:** (053) 831-6780  
**Fax:** (053) 831-5947/8  
**Email:** [KMB@ccma.org.za](mailto:KMB@ccma.org.za)

### CCMA LIMPOPO

CCMA House, 104 Hans van Rensburg Street,  
**POLOKWANE**  
Private Bag X9512, POLOKWANE, 0700  
**Tel:** (015) 297-5010  
**Fax:** (015) 297-1649  
**Email:** [PTB@ccma.org.za](mailto:PTB@ccma.org.za)

### CCMA WESTERN CAPE

CCMA House, 78 Darling Street,  
**CAPE TOWN**  
Private Bag X9167, CAPE TOWN, 8000  
**Tel:** (021) 469-0111  
**Fax:** (021) 465-7197 or 465-7193  
**Email:** [CTN@ccma.org.za](mailto:CTN@ccma.org.za)