

**IN THE COMMISSION FOR CONCILIATION MEDIATION AND ARBITRATION**

**Case Number .....**

**IN THE MATTER BETWEEN**

\_\_\_\_\_  
(Applicant's name to be put here)

**and**

\_\_\_\_\_  
(Respondent's name to be put here i.e. other party)

**APPLICATION FOR CONDONATION OF LATE REFERRAL**

**BE PLEASED TO TAKE NOTICE THAT** application will be made to the Commission for Conciliation Mediation and Arbitration (hereafter referred to as the CCMA) on a date place and time to be determined by the Commission for an order in the following terms:

- 1) Condoning the late referral;
- 2) no order as to costs /alternately costs in the cause;
- 3) Alternate relief.

**PLEASE TAKE NOTICE FURTHER** that the applicant will accept service of all documents in this application at the following address:

\_\_\_\_\_

**TAKE NOTICE FURTHER** that should you intend opposing this application you must deliver an answering affidavit within five (5) days of this affidavit having been served failing which the matter will be heard in your absence.

**AND TAKE NOTICE FURTHER** that the affidavit of \_\_\_\_\_  
\_\_\_\_\_*(insert name of person making affidavit here i.e. deponent)* annexed hereto marked A will be used in support of this application.

**DATED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_**

\_\_\_\_\_  
**APPLICANT**

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

# APPLICATION FOR CONDONATION IN RESPECT OF UNFAIR LABOUR PRACTICE / UNFAIR DISCRIMINATION DISPUTE

Case Number: .....

.....  
(Applicant/Employee)

and

.....  
(Respondent/Employer)

## AFFIDAVIT

I, the undersigned, .....  
(full name of Applicant/Respondent)

do hereby make oath and say:

### 1. Background

- 1.1 Applicant became aware of the act or omission on .....
- 1.2 Respondent refused to correct the act or omission on .....

### 2. Degree of Lateness

- 2.1 The referral is ..... days late.
- 2.2 Applicant did the following to pursue his/her rights after the act or omission:

- 2.2.1 Applicant went to his/her union / Department of Labour / Community Advice Centre / Legal Advice Centre (delete which is not applicable) on .....
- 2.2.2 Applicant lodged a grievance on .....
- 2.2.3 Applicant signed the referral form on .....

### 3. Reasons for Lateness

The reason/s that applicant referred the matter late is .....

.....

.....

.....

.....

**4. Prospects of Success**

Applicant believes that he/she has good cause because (explain with good reasons why practice is unfair) .....

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

**5. Prejudice**

As the applicant (employee), if condonation is not granted, I will be prejudiced because.....

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

As the respondent (employer), if condonation is granted, I will be prejudiced because.....

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

**6. General**

Any other relevant information .....

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

**7. The respondent must, within five (5) days of receipt of this affidavit from the applicant, file an affidavit opposing an application for condonation by the applicant. The applicant has three (3) days to file a replying affidavit.**

**8. The respondent must forward a copy of the affidavit to the other party, as well as to the CCMA, within the stipulated 5 days. Proof must be attached to show that the affidavit has been forwarded to the other party. This would be in the form of either a registered slip, fax transmission slip or an affidavit of hand delivery or a copy of the sent email.**

.....  
Applicant Respondent

Signed before me on .....at .....  
by the deponent who acknowledges that he/she knows and understands the contents of the affidavit, has no objection to taking the oath/affirmation and considers it binding upon his/her conscience.

Commissioner of Oaths .....

Name .....

Address.....

.....

.....

Capacity.....