| LRA Form 3.23
Section 62(1)
Labour Relations Act, 1995 | # APPLICATION ABOUT DEMARCATION DISPUTE | CCMA |

WHAT IS THE PURPOSE OF THIS FORM?

This form is an application by a party to the CCMA to determine 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 sectoral determination is or was binding on any employee, employer or class of 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.

1. APPLICANT DETAILS

Name: ……………………………………………………………..

………………………………………………………………………

Postal Address: ……………………………………………………

………………………………………………………………………

……………………………………………………………...………

………………………………………………………………………

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

Cell:…………………………….…..Email:…………………………

Contact Person: ……………………………………………………

2. DETAILS OF OTHER PARTY(IES)

Name: …………………………………………………..……………

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Postal Address: ……………………………………………………

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……………………………………………………………………….

Tel:……………………………….. Fax:………………………..……

Cell:…………………………….…..Email:…………………………

Contact Person: ……………………………………………………

Case Number……………..……………..

NOTE!

This matter will not be set down for conciliation, but for in limine proceeding. Where possible in limine issues will be dealt with. **There is no need to bring witnesses to the in limine proceedings.**

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 any of the following :

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

The CCMA may be requested to assist with service.

Attach copies of relevant collective agreements and registration certificates of bargaining councils, if applicable.

WHERE DOES THIS FORM GO?

The Registrar, Regional Office of the CCMA.

3. **DETAILS OF SECTOR, INDUSTRY AND AREA INVOLVED IN THIS DEMARCATION APPLICATION**

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4. **WHAT IS THE PRIMARY NATURE OF THE BUSINESS**

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5. **UNDER WHAT BARGAINING COUNCIL DOES THE BUSINESS FALL, IF ANY**

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

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Please turn over ⟶

7. DEMARCATION SOUGHT

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8. MOTIVATION FOR DETERMINATION SOUGHT

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9. CONFIRMATION OF ABOVE DETAILS

Form submitted by:

……………………………………………………………………………………….
(please print name)

Signature:…………………….…………………………………………….…

Position: …………………….…………………………………………….……

Date: …………………………………….……………………………….……

Place: …………..…………….………………………….…………….………

COMMISSION FOR CONCILIATION,

MEDIATION & ARBITRATION

TO THE CCMA

PROTECTION OF PERSONAL INFORMATION ACT, 4 OF 2013

By signing this referral form, I/we hereby grant my/our voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available. Further details are available on the CCMA website.

SIGNED AT _____**ON THIS** _____**DAY OF** _____ **202**__

INITIAL AND SURNAME: _____

SIGNATURE: _____