

LRA Form 4.9
Section 75(8)
Labour Relations Act, 1995

**APPLICATION TO VARY /
CANCEL A MAINTENANCE
SERVICES DESIGNATION**



Read This First



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

This form shall be utilised by an employer when making an application to the Essential Services Committee for a variation or cancellation of the maintenance service designation.

WHO FILLS IN THIS FORM?

An employer seeking to vary or cancel the maintenance service designation.

WHERE DOES THIS FORM GO?

28 Harrison Street
Johannesburg
2001

Private Bag X94
Marshalltown, 2107

E-mail: esc@CCMA.org.za

OTHER PARTIES

If more than one party is making the application or if there is more than one "other party", please write down the additional names and particulars on a separate page and attach to this form.

1. REFERRING PARTY'S DETAILS

Name:.....

Postal Address:.....

.....

Tel:..... Fax:

Cell: E-mail:

Contact person:.....

2. OTHER PARTY'S DETAILS (including trade unions organising in the sector / workplace)

Name

Postal Address

.....

Tel:..... Fax:

Cell: E-mail:

Contact person

Registration Number(s):.....

3. DESCRIPTION OF MAINTENANCE SERVICES

.....

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.....

.....

Case Number.....

Please turn over →

OTHER INSTRUCTIONS

- A copy of this form and supporting documents must be served on the other party.
- Any other interested parties may, within 21 days of receipt of this application, send a response to the Essential Services Committee and the other party.



Use additional paper if necessary

DOCUMENTS TO BE ATTACHED

- A copy of the maintenance service designation sought to be varied or cancelled must be attached.
- Proof that a copy of this form has been served on the other party.

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 a copy of the maintenance service agreement?

4. NATURE OF APPLICATION (tick boxes)

Variation Cancellation

If variation, nature of variation sought (Use additional paper if necessary)

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5. SUBMISSIONS IN SUPPORT OF THE APPLICATION (i.e. reasons for the variation or cancellation)

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6. NUMBER OF EMPLOYEES -

Engaged in the maintenance service.....

Not engaged in the maintenance service

7. 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: _____