

LRA Form 7.13

Labour Relations Act, 1995

Sections 16, 21, 22, 24, 45, 61,
74, 86, 94, 133, 141, 191, 198,
198A-C

Employment Equity Act, 1998

Sections 10

Basic Conditions of Employment
Act, 1997

Sections 41

Skills Development Act, 1998

Section 19

REQUEST FOR ARBITRATION

(Demarcation disputes (Section 62) must be
processed on LRA Form 3.23)**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 Regional
Office of the CCMA.

This should be the same office,
which conducted the
conciliation.

If an accredited council or
agency is to arbitrate the
dispute, the request for
arbitration must be sent to their
offices.

If in doubt, contact the CCMA
for help.

1. DETAILS OF PARTY REQUESTING ARBITRATION

Name :

.....

Postal Address:.....

.....Code:.....

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

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

Contact person:

2. DISPUTE DETAILS

The case between:

.....(referring party)
and

.....(other party)

was referred for conciliation, but remains unresolved.

The certificate of non-resolution is attached / 30 days have expired
since referral (delete whichever is not applicable).

The issues in dispute are

.....

.....

.....

.....

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

CCMA Case 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 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;
- 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.

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. DETAILS OF OTHER PARTY

Name :

Designation:.....

Postal Address:

.....Code:.....

Physical Address:.....

.....Code:.....

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

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

4. OUTCOME REQUIRED:

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

5. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:

.....
(please print name)

Signature:

Position:

Date:

Place.....

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



**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: _____