

LRA form 4.8  
Section 72  
Labour Relations Act, 1995

**REQUEST FOR RATIFICATION  
OF A MINIMUM SERVICE  
AGREEMENT**



**READ THIS FIRST**



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

This form is a request to the Essential Services Committee to ratify any collective agreement that provides for the maintenance of minimum services in a service designated as an essential service.

**WHO FILLS IN THIS FORM?**

Representatives of the parties to the collective agreement.

**WHERE DOES THIS FORM GO?**

Essential Services Committee

28 Harrison Street  
Johannesburg  
2001

Private Bag X94  
Marshalltown, 2107

E-mail: [esc@CCMA.org.za](mailto:esc@CCMA.org.za)

**OTHER INSTRUCTIONS**

A copy of the minimum service agreement must accompany this form.

**1. DETAILS OF THE PARTIES TO THE AGREEMENT**  
(Use additional paper if necessary)

**Employer Parties**

Name:.....

Postal Address:.....

.....

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

Cell: ..... E-mail: .....

Contact person:.....

**Trade Union Parties**

Name .....

Postal Address .....

.....

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

Cell: ..... E-mail: .....

Contact person .....

Registration Number(s):.....

Case number.....

Please turn over ..... →

**CHECK**

Have you attached a copy of the agreement?

**2. IS THIS REQUEST URGENT?**

**Yes**

☐

**No**

☐

If yes, explain why it is urgent.....

.....

.....

.....

**3. SIGNATORIES**

(Use additional paper if necessary)

**Employer Parties**

Name.....

Signature:.....

Position:.....

Date:.....

Tel:.....

Fax:.....

E-mail .....

**Trade Union Party**

Name.....

Signature:.....

Position:.....

Date:.....

Tel:.....

Fax:.....

E-mail .....

**Trade Union Party**

Name.....

Signature:.....

Position:.....

Date:.....

Tel:.....

Fax:.....

E-mail .....



**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: \_\_\_\_\_**