

# IN THE COMMISSION FOR CONCILIATION, MEDIATION AND ARBITRATION

Case Number:.....

In the matter between

.....  
(Applicant)

and

.....  
(Respondent)

## APPLICATION FOR RESCISSION OF RULING / ARBITRATION AWARD

**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. Rescinding the ruling / arbitration award rendered by commissioner .....  
on ..... (date)  
in the aforementioned case number;
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 FURTHER NOTICE** that should you intend opposing this application, you must deliver an answering affidavit within 14 (fourteen) 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, ie: deponent) annexed hereto marked 'A' will be used in support of this application.

Dated at..... on.....

.....  
**APPLICANT**

Address .....  
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.....  
.....

## IN THE COMMISSION FOR CONCILIATION, MEDIATION AND ARBITRATION

Case Number:.....

In the matter between

.....  
(Applicant)

and

.....  
(Respondent)

### AFFIDAVIT IN SUPPORT OF APPLICATION FOR RESCISSION

I, the undersigned,.....  
(full name of person making the affidavit)

do hereby make oath and state

#### 1. PARTIES

I am the applicant in this matter. I am duly authorised to make this affidavit because: *(need to explain the person making the affidavit's relationship to the case, ie: dismissed employee, trade union official, manager at the employer, human resources officer, etc)*

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I will accept service of any documents in relation to this matter at the following address or fax number .....

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The respondent is: *(need to explain who the other party is in relation to the case, ie: former employee claiming unfair dismissal from former employer, employer from whom employee claiming unfair dismissal; describe also type of employer, ie: company, close corporation or individual, etc)*

.....  
.....  
The respondent's address is .....

.....  
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.....  
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**2. BACKGROUND AND FACTS ON WHICH THE APPLICANT RELIES**

*(This section should chronologically deal with the facts which would persuade or dissuade a commissioner in granting the application).*

- (a) The ruling made at conciliation / arbitration award came to my attention on.....  
I immediately did the following:

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- (b) I submit that I was not in wilful default of the CCMA because: *(for example, I did not know of the date of the hearing because I had not received the notice / my address has changed and I have advised the CCMA of this / the fax number the notice was sent to was incorrect. Annex any relevant documents. Must give details)*

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- (c) I believe that the commissioner should rescind the ruling / award because I have a good prospect of succeeding in my claim against the respondent because: *(must set out, in as much detail as possible, why your case will succeed. It is not sufficient to just say because I was unfairly dismissed. You must indicate why. Was it procedurally and/or substantively unfair and what part of it was unfair)*

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- (d) As a result of the foregoing, I respectfully submit that the commissioner issued the ruling / award erroneously in my absence, and I am therefore entitled to rescission of that ruling / award (see section 144 for other grounds for rescission, if necessary) as I have shown good cause for this in my application.

- (e) General: *(the issues raised here are not meant to be exhaustive. Please add any information that you think the commissioner may wish to consider in granting the application)*

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Wherefore I humbly pray that the application be granted as prayed in terms of the Notice of Motion to which this affidavit is attached.

.....  
**DEPONENT**

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**