LRA form 4.8C Section 72(4) Labour Relations Act, 1995

APPLICATION TO VARY OR REVOKE A MINIMUM SERVICE DETERMINATION



READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

This form is a request to the Essential Services Committee (ESC) to vary or revoke a minimum service determination.

WHO FILLS IN THIS FORM?

Representatives of the parties.

WHERE DOES THIS FORM GO?

Essential Services Committee

28 Harrison Street Johannesburg 2001

Private Bag X94 Marshalltown, 2107

Tel: 011 377 6645/6953/6996 E-Mail: esc@CCMA.org.za

OTHER INSTRUCTIONS

A copy of this referral form must be served on the other party/parties and proof of such service must be attached to the form when submitting it to the ESC.

1. DETAILS OF THE REFERRING PARTY / PARTIES

(Use additional paper if necessary)

Case Number

First Party	
Name:	
Postal Address:	
Tel:	Fax:
Cell:	E-Mail:
Contact Person:	
Second Party	
Name:	
Postal Address:	
Tel:	Fax:
Cell:	E-Mail:
Contact Person:	
2. DETAILS OF THE OTHER PARTY	// PARTIES
First Party	
Name	
	Fax:
Cell:	E-Mail:

Please turn over

	Nam Post Tel:. Cell:	tal Address		Fax: E-Mail:
An example of a reason may be a change to a referring party's organogram	4	BRIEFLY SET MINIMUM SER	OUT THE REASO	ON FOR THE REQUEST TO VARY OR REVOKE A ATION OUTCOME FROM THIS APPLICATION
	Case	e Number		Please turn over ——→

6. POPIA CONFIRMATION

By signing this document, I/we hereby grant my 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 ESC (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 ESC 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.

7. **SIGNATORIES** (Use additional paper if necessary)

Referring Party (1)	Referring Party (2) where applicable
Name	Name
Signature:	Signature:
Position:	Position:
Date:	Date:
Tel:	Tel:
Fax:	Fax:
E-Mail	E-Mail