

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 and 80
Skills Development Act, 1998
Section 19
Mine, Health and Safety Act,
1996
Section 40(4)

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 same office which conducted the conciliation, unless directed otherwise.

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

Use may also be made of the CCMA's online referral portal #CCMAConnect to refer a matter for arbitration.

If in doubt, contact the CCMA for help.

1. DETAILS OF PARTY REQUESTING ARBITRATION

Name :

Postal Address:.....

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

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

Cell:.....E-Mail:.....

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 e-mail confirmation slip or sent e-mail; 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:.....E-Mail:.....

4. OUTCOME REQUIRED:

.....

.....

.....

5. 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 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.

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 who may be entitled to represent the party in arbitration proceedings. If a person other than the referring party or a representative who may be entitled to represent the referring party signs this form, the referring party may be called upon to ratify his or her intention to refer the matter to arbitration.