

LRA Form 7.14  
 Section 136(3)  
 Labour Relations Act, 1995

# NOTICE OF OBJECTION TO ARBITRATION BY SAME COMMISSIONER



**Read This First**



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

This form notifies the CCMA that a party objects to an arbitrator who is the same commissioner who conducted the conciliation process.

**WHO FILLS IN THIS FORM?**

Objecting party.

**WHERE DOES THIS FORM GO?**

The Regional Office of the CCMA.

**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.

This form must be submitted to the CCMA within 7 days after the date of issue of the certificate.

**1. PARTY DETAILS**

Name: .....  
 Postal Address: .....  
 ..... Code:.....  
 Tel: ..... Fax:.....  
 Cell: .....E-Mail: .....  
 Contact Person: .....

**2. DETAILS OF THE OTHER PARTY**

Name: .....  
 Postal Address: .....  
 ..... Code:.....  
 Tel: ..... Fax:.....  
 Cell: .....E-Mail: .....  
 Contact Person: .....

**3. OBJECTION DETAILS**

I/we .....  
 (please print name)

object to the arbitration being conducted by Commissioner who conciliated the dispute

.....  
 (please print name)

Case Number.....

Please turn over →

**4. 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.

**5. CONFIRMATION OF ABOVE DETAILS:**

Form submitted by:

.....  
(please print name)

Signature: .....

Position: .....

Date: .....

Place.....