



**COUNCIL/PRIVATE
AGENCIES APPLIES TO
AMEND
ACCREDITATION**

LRA Form 7.5
Section 129(1)
Labour Relations Act, 1995

Read This First



WHAT IS THE PURPOSE OF THIS FORM?

This form is an application by an accredited council/agency to the Governing Body of the CCMA to amend its accreditation. For example, the amendment can relate to nature of services, scope of work or area.

WHO FILLS IN THIS FORM?

An accredited council/agency.

WHERE DOES THIS FORM GO?

Governing Body
c/o CCMA
28 Harrison Street
Johannesburg, 2001
Private Bag X94
Marshalltown, 2107
Tel: (011) 377-6650/01/00

E-Mail:
Accreditationapplications@CCMA.org.za

OTHER INSTRUCTIONS

A copy of the applicant's current certificate of accreditation must be attached to this form.

CHECK!

Have you attached your current certificate of accreditation?

1. NAME OF COUNCIL/PRIVATE AGENCY

Name:

Physical Address:

Tel: Fax:.....

Cell: E-Mail:

Contact Person:

Registration Number:

2. ACCREDITATION AMENDMENTS SOUGHT

The applicant wants to amend its current accreditation in the following way:

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Case Number:.....

Please turn over →

3. MOTIVATION:

Please supply information on changes to dispute resolution functions and areas of operation (refer to Section 127(4) of the LRA):

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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.....