



<p>Section 144 of the Labour Relations Act 66 of 1995</p>	<h2 style="margin: 0;">APPLICATION FOR RESCISSION OF AN ARBITRATION AWARD OR A RULING</h2>							
<p>PLEASE READ THIS:</p> <p>The grounds for rescission or variation are set out under the Written Statement section of this application form.</p> <p>INSTRUCTIONS:</p> <p>Service and filing</p> <p>A copy of this completed application form must be served on the other party by means of fax, e-mail, registered mail, hand delivery, or any other means as set out in CCMA Rule 5.</p> <p>A copy of the application form must be filed with the CCMA within 14-days of the date on which the applicant became aware of the award or ruling. Proof of service on the other party must be attached to the application form.</p> <p>The other party has 5 days in which to oppose the application, after which the applicant has 3 days to respond to the opposing statement or affidavit.</p> <p>Condonation</p> <p>Failure to comply with the above time periods will require an application for condonation.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">IDENTIFYING DETAILS</td> </tr> <tr> <td style="padding: 5px;"> <p>Name of party applying for rescission <i>(if it is an employer, please cite the full name of the business or in the case of a natural person, that person's name and surname)</i></p> <p>.....</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>Contact number and e-mail address</p> <p>.....</p> <p>.....</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>Name of the respondent <i>(if it is an employer, please cite the full name of the business or in the case of a natural person, that person's name and surname)</i></p> <p>.....</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>Contact Person, Contact number and e-mail address <i>(e.g name and surname of HR or ER representative for CCMA disputes against the employer or name and surname of union representative if the employee is represented by a union)</i></p> <p>.....</p> <p>.....</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>Case number</p> </td> </tr> </table>	IDENTIFYING DETAILS	<p>Name of party applying for rescission <i>(if it is an employer, please cite the full name of the business or in the case of a natural person, that person's name and surname)</i></p> <p>.....</p>	<p>Contact number and e-mail address</p> <p>.....</p> <p>.....</p>	<p>Name of the respondent <i>(if it is an employer, please cite the full name of the business or in the case of a natural person, that person's name and surname)</i></p> <p>.....</p>	<p>Contact Person, Contact number and e-mail address <i>(e.g name and surname of HR or ER representative for CCMA disputes against the employer or name and surname of union representative if the employee is represented by a union)</i></p> <p>.....</p> <p>.....</p>	<p>Case number</p>	
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8. 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.

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Signature of applicant or duly authorised representative

Capacity.....