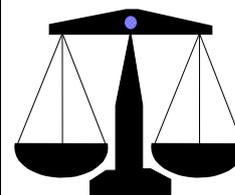


REQUEST FOR ARBITRATION



Read This First



WHAT IS THE PURPOSE OF THIS FORM?

If conciliation fails, a party may request that the Council resolve the dispute by arbitration.

WHO FILLS IN THIS FORM?

The party requesting the arbitration

WHERE DOES THIS FORM GO?

To the General Secretary of the Council. (Please refer to the last page for details).

This should be the same office, which conducted the conciliation. If in doubt, contact the Council for help.

1. DETAILS OF PARTY REQUESTING ARBITRATION

Name :

Postal Address:.....

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

Cell:..... Email:.....

2. DISPUTE DETAILS

Case Reference Number:

The case between and
(party) (other party)

was referred for conciliation, but remains unresolved

The certificate confirming the failure of conciliation is attached

In terms of Section I / we now request that
the matter be resolved through arbitration.

The issues in dispute are

.....
.....
.....
.....
.....

(Give a brief description. The commissioner may require a more detailed statement of case later)

B/C Ref. 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:

- A copy of a registered slip from the Post Office;
- A copy of a signed receipt if hand delivered;
- A signed statement confirming service by the person delivering the form;
- A copy of a fax confirmation slip; or
- Any other satisfactory proof of service.

The certificate confirming that the dispute was unresolved through conciliation must also be attached to this form.

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. WHAT DECISION WOULD YOU LIKE THE COMMISSIONER TO MAKE:

.....
.....
.....
.....
.....
.....
.....
.....
.....

The commissioner may require a more detailed statement of case later.

4. CONFIRMATION OF ABOVE DETAILS:

Form submitted by(name):.....

Signature:.....

Designation:

Date:

Place:

This form must be signed by the referring party or a person entitled to represent the party in the arbitration proceedings

5. DETAILS OF OTHER PARTY

Name :

Designation:.....

Postal Address:

.....

.....

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

Cell:..... Email:.....

Please turn over 

CONTACT DETAILS

PHYSICAL ADDRESS

403 MBA Building
527 Stanza Bopape Street
(Previously Church Street)
Arcadia
Pretoria
0083

POSTAL ADDRESS

P.O. Box 1256
Pretoria
0001

TEL: 012 341 1504
012 341 1928

FAX: 012 341 0722

EMAIL:

cases.food@mweb.co.za
(Case Manager/
Head of Inspections)

recep.food@mweb.co.za
(Front Desk)

caterc@mweb.co.za

WEB SITE:

www.bcfood.co.za

COUNCIL IS ACCREDITED TO PERFORM THE FOLLOWING DISPUTE RESOLUTION FUNCTIONS

Unfair dismissal disputes – Section 191
Unfair labour practice – Section 191
Mutual interest disputes – Section 64
Interpretation of Collective Agreement disputes – Section 24(1)
Essential Services disputes – Section 74
Disputes about severance pay – Section 41
Pre-dismissal arbitrations – Section 188A
Application of Chapter 2 – Section 9