

**IN THE STATUTORY COUNCIL FOR THE FAST FOOD, RESTAURANT,  
CATERING AND ALLIED TRADES HELD AT No. 397 ONTDEKKERS SERVICE  
ROAD, FLORIDA PARK EXTENTION 3**

**L.R.A. Condonation**

Case No.: DSP \_\_\_\_\_

IN THE MATTER BETWEEN

\_\_\_\_\_

**Applicant**

AND

\_\_\_\_\_

**Respondent**

\_\_\_\_\_

**NOTICE AND FILING SHEET**

**1) KINDLY TAKE NOTICE THAT,**

The above Applicant hereby in terms of section 191(2) of the Labour Relations Act 66/95 as amended (Act 12 of 2002) applied for a condonation application for the late lodging of a referral for a conciliation/arbitration meeting read with rule 32 of the Bargaining Council rules as promulgated in Government Gazette 24329 dated 7<sup>th</sup> February 2003.

**2) KINDLY TAKE NOTICE THAT;**

The referral for a conciliation/arbitration proceeding was referred outside the 30 day statutory period, as set out in terms of section 191(1) of the Labour Relations Act 66/95 as amended (Act 12 of 2002).

**3) KINDLY TAKE NOTICE THAT;**

A dispute of alleged unfair \_\_\_\_\_ was referred to the Bargaining Council on the \_\_\_\_\_.

**4) KINDLY TAKE NOTICE THAT;**

The reason(s) for the late referral of a con-arb proceeding is set out in the affidavit, duly signed by the Applicant which is attached hereto.

**5.1) KINDLY TAKE NOTICE THAT;**

A copy of this application for condonation was served on the above Respondent by means of;

{  } Registered Post

{  } By hand

{  } By Telefax

on the \_\_\_\_\_ (Date), and proof of service is attached herewith.

5.2) **KINDLY TAKE NOTICE THAT;**

5.2.1) If the above Respondent intends opposing this application, the Respondent is required to file a notice of opposing and an answering affidavit within 14 days form the date of this application been served.

5) **KINDLY TAKE NOTICE THAT;**

The Applicant will accept all notices and service of all documents in this matter at the following address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TEL/CELL No: \_\_\_\_\_

FAX No: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Full Address of Applicant Representative;

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TEL No: \_\_\_\_\_

FAX No: \_\_\_\_\_

TO: The Statutory Council for the Fast Food, Restaurant, Catering and Allied Trades

397 Ontdekkers Service Road

Florida Park Ext 3

1709

And to: The Respondent;

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TEL No: \_\_\_\_\_

FAX No: \_\_\_\_\_

Per Hand [ ] Per Fax [ ] By Registered Post [ ]

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Case No.: DSP \_\_\_\_\_

IN THE MATTER BETWEEN

\_\_\_\_\_

**Applicant**

**And**

\_\_\_\_\_

**Respondent**

\_\_\_\_\_

**APPLICANT'S AFFIDAVIT: CONDONATION**

6) I, the undersigned \_\_\_\_\_ do hereby declare as follows:

APPLICANT

7) That the degree of lateness is/are:

\_\_\_\_\_  
\_\_\_\_\_

8) That the reason(s) for lateness is/are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Note: If space is insufficient, please attach an Annexure)**

9) That the prospects at succeeding with the referral and obtaining the relief sought against the Respondent is/are: \_\_\_\_\_

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**(Note: If space is insufficient, please attach an Annexure)**

10) That the balance of convenience including prejudice to the Respondent is/are:

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**(Note: If space is insufficient, please attach an Annexure)**

11) That the following additional information is/are:

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**(Note: If space is insufficient, please attach an Annexure)**

Thus done and signed on this \_\_\_\_\_ day \_\_\_\_\_ month 2011.

APPLICANT SIGNATURE: \_\_\_\_\_

**CERTIFICATE BY COMMISSIONER OF OATHS:**

- 1) I certify that before administering the oath/affirmation I asked the deponent the following questions and wrote down his/her answers in her presence:
- a) Do you know and understand the contents of this declaration? Yes/No
  - b) Do you have any objection to taking the prescribed oath? Yes/No
  - c) Do you consider the prescribed affirmation to be binding on your conscience?

Yes/No.

- 2) I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and the deponent's signature/thumb print/mark was placed thereon in my presence.

\_\_\_\_\_

COMMISSIONER OF OATH

FULL NAMES: \_\_\_\_\_

CAPACITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_