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STATUTORY COUNCIL FOR THE FAST FOOD, RESTAURANT, CATERING AND ALLIED TRADES

Respondent Reply Rescission

Case No: DSP ARB: _____

IN THE MATTER BETWEEN

Applicant

AND

Respondent

RESPONDENT NOTICE OF OPPOSITION TO THE APPLICATION FOR
RESCISSION I.T.O. SECTION 144 ACT 66/95 THE LABOUR RELATIONS
ACT AND OPPOSING AFFIDAVIT
(AS AMENDED) ACT 12/2002 READ WITH RULE 32 (5)
I.T.O. THE STATUTORY COUNCIL COLLECTIVE AGREEMENT

- 1) **KINDLY TAKE NOTICE THAT**, the above Respondent opposes the rescission application of the Applicant party.
- 2) **KINDLY TAKE NOTICE THAT** an affidavit of Mr./Mrs./Ms. _____ will be used in support of this application.
- 3) **KINDLY TAKE NOTICE THAT** a copy of this application was served on the Applicant by means of;

 { } Registered post
 { } By hand
 { } By Telefax
On the _____ and the **proof of delivery** is attached hereto. **(NB Proof of service must be attached.)**
- 4) Kindly take notice that should you intend to respond to this application you may deliver your answer affidavit within 7 days from the date of this application having been served, failing which the Arbitrator will proceed with the matter.

Signed on this _____ day _____ 2011.

DEPONENT SIGNATURE

Full Address of the Respondent is:

Tel. No: _____

Fax No: _____

And to: The Applicant (Name &Address)

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

And to: The Statutory Council for the Fast Food, Restaurant, Catering and Allied Trades
397 Ontdekkers Service road
Florida Park Ext 3
1709

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

Attention: Case Manager

The Fax: (011) 675 0870

**STATUTORY COUNCIL FOR THE RESTAURANT, CATERING AND ALLIED TRADES
BEDINGINGSRAAD VIR DIE RESTAURANT, SPYSENIERS- EN VERWANTE
BEDRYWE**

Case No DSP ARB _____

IN THE MATTER BETWEEN

Applicant

And

Respondent

AFFIDAVIT

I, the undersigned,

(Name in full of person making the affidavit)

do hereby make oath and state:

Parties

1. I am the Respondent in this application for rescission. I am duly authorised to dispose to this affidavit.

I wish to state that: _____

(Need to explain the person making the affidavits relationship to the case i.e. dismissed employee; Trade Union Official; manager at the employer; human resources official etc).

(If space is insufficient, please attach an Annexure)

2. The Applicant is: _____

(Need to explain who the other party is in relation to the case i.e. former employee claiming unfair dismissal from former employer; employer from employee claiming unfair dismissal; describe also type of employer i.e. company close corporation or individual etc.)

The Applicant address is

Background and Facts on which the Respondent relies

3. (This Section should chronologically deal with the facts, which would persuade or dissuade a commissioner in granting the application).

1) The application for rescission i.t.o. section 144 Act 66/95 (The Labour Relations Act) came to my attention on the _____. I immediately did the following (describe fully).

(If space is insufficient, please attach an Annexure)

2) I submit that the Applicant in this application for rescission was in willful default of the Bargaining Council because:

3) I further believe that the Arbitrator should not rescind the award because, (must set out in as much details as possible why your case will succeed):

(If space is insufficient, please attach an Annexure)

4) As a result of the foregoing I respectfully submit that the Arbitrator did not grant the award erroneously and or that there is no ambiguity and or an obvious error and or omission to the extent of that ambiguity, error or omission and or the award was not granted as a result of a mistake common to the parties to the proceedings.

5) General:

(The issues raised here are not meant to be exhaustive. Please add any information that you think the Arbitrator may wish to consider in this application.)

6) I will accept service of any documents in relation to this matter at the following address or fax number (delete which is not applicable)

Deponent Signature

Sworn to before me at _____ on this the _____ day of _____ the deponent having acknowledged that he/she knows and understand the contents of this affidavit, that he/she has no objection to taking the prescribed oath and that the oath is binding on his/her conscience.

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 Name: _____

Business Address: _____

Designation: _____