



BARGAINING COUNCIL FOR THE RESTAURANT, CATERING AND ALLIED TRADES

2nd to 8th Floors

Marlborough House
Cnr. Eloff & 125 Fox Street
Johannesburg
2001

Tel: (011) 331-1016/7/8

FAX NO'S

Admin & Statutory (011) 331 1032/5 ☎
Accounts (011) 331 1034 ☎
D.R.C (011) 331 1036 ☎

P.O. Box 30822
Braamfontein
2017
georgina @ bcrcc.co.za.
Fax no. 086-585-9291

Case No. DSP ARB _____

IN THE MATTER BETWEEN

(Applicant for rescission's name)

Applicant

AND

(Respondent's name for rescission)

Respondent

APPLICATION FOR RESCISSION OF ARBITRATION AWARD/DATED _____

BE PLEASE TO TAKE NOTICE THAT application will be made to the Bargaining Council for the Restaurant, Catering and Allied Trades (hereafter referred to as the Council) on a date place and time to be determined by the Council for an order in the following terms:

- 1) Rescinding the arbitration award rendered by Commissioner _____ on _____ date in the aforementioned case number.

PLEASE TAKE NOTICE FURTHER that the applicant will accept service of all documents in this application at the following address:

(Full address)

TAKE NOTICE FURTHER that should you intend opposing this application you must deliver an answering affidavit within (14) fourteen days of this affidavit having been served failing which the matter will be hear in your absence.

AND TAKE NOTICE FURTHER that the affidavit of _____
(Insert name of person making affidavit here ie deponent) annexed hereto marked A will be used in support of this application.

Thus done and signed on this _____ day of _____ 2011.

APPLICANT

Full Address: _____

Applicant Representative Full Address

Tel: _____
Fax: _____

And to: The Respondent
Per hand/Fax/registered Post
(Proof to be attached)

Full address of Respondent

SIGNATURE

Date:
Received on this _____ day of
_____ 2011.

(Name in print)



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2017

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Case No DSP ARB: _____

IN THE MATTER BETWEEN

APPLICANT

AND

RESPONDENT

AFFIDAVIT IN SUPPORT OF APPLICATION FOR RESCISSION

I, the undersigned,

(Name in full of person making the affidavit)

do hereby make oath and state:

Parties

1. I am the applicant in this matter. 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 ie dismissed employee; Trade Union Official; manager at the employer; human resources official etc).

(If space is insufficient, please attach an Annexure)

2. The Respondent 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 respondents address is _____

Background and Facts on which the applicant relies

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

a) The arbitration award came to my attention on the _____. I immediately did the following (describe fully).

(If space is insufficient, please attach an Annexure)

b) I submit that I was not in wilful default of the Bargaining Council because _____

(Eg I did not know of the date of the hearing because I had not received the notice/my address has changed and I have advise the Bargaining Council of this/the fax number the Notice was sent to was incorrect. Annex any relevant documents. Must give details).

c) I believe that the Commissioner should rescind this award because I have a good prospect of succeeding in my claim against the Respondent (must set out in as much details as possible why your case will succeed. It is not sufficient to just say because I was unfairly dismissed. You must indicate why? Was it procedurally and or substantively unfair and what part if it was unfair:?)

(If space is insufficient, please attach an Annexure)

d) As a result of the foregoing I respectfully submit that the Commissioner issued the award erroneously in my absence, and I am therefore entitled to rescission of the arbitration award, as set out in terms of section 144 of the Labour Relations Act 66/95 (as amended) read with rule 33 to the Bargaining Council Rules, I submit that I have shown good cause in this application.

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

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

(If space is insufficient, please attach an Annexure)

Applicant Signature

Sworn to before me at _____ on this the _____ day of _____ 2011 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.

COMMISSIONER OF OATHS

Full name in print

Full Address