

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

397 Ontdekkers Service Road
Florida Park Ext 3
1799

P.O. Box 878
Florida Hills
1716

Tel No: 011 675 0825
Fax No: 011 675 0870

The Secretary,

Sir/Madam,

REQUEST FOR ARBITRATION IN TERMS OF SECTION 191 OF THE LABOUR RELATIONS ACT, 1995 AS AMENDED



WHAT IS THE PURPOSE OF THIS FORM?

If conciliation fails, a party may request that the Council resolve the dispute by arbitration. At an arbitration hearing a Commissioner gives both parties an opportunity to fully state their case. The Commissioner then makes a decision which must be followed by both parties.

WHO FILLS IN THIS FORM?

The party requesting the arbitration.

PLEASE ENSURE THAT THE CORRECT SURNAME AND NAME IS USED

WHERE DOES THIS FORM GO?

To the Statutory Council for the Fast Food, Restaurant Catering and Allied Trades, P O Box 878 Florida Hills, 1716.

1. DETAILS OF PARTY REQUESTING ARBITRATION

Name of Organisation/Trade union: _____ obo

SURNAME: _____ **First Names:** _____

Identity Number: _____

Postal Address: _____

_____ Postal Code: _____

Street Address _____

_____ Postal Code _____

Tel: _____ Fax: _____

Cell: _____ E-mail: _____

2. DETAILS OF RESPONDENT PARTY (PARTY WITH WHOM YOU ARE IN DISPUTE)

Name: _____

Contact Person: _____

Street Address: _____

_____ Postal Code: _____

Postal Address: _____

_____ Postal Code: _____

Tel: _____ Fax: _____

Cell: _____ E-mail: _____



Read this first

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

3. DETAILS OF DISPUTE

Case Reference Number: _____ .

The case between _____ and
(referring party)

_____ was referred for conciliation
(other party)
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 still in dispute are:

(Give a brief description. The Arbitrator may require a more precise statement later)

Decision sought from Arbitrator:

(What decision would you like the arbitrator to make? The arbitrator may require more precise information later.)

Do you require an interpreter? Yes No

If yes, please indicate for what language: _____



Read this first

A copy of this form, together with the certificate of outcome of dispute, **must** be served on the other party, and proof thereof submitted together with the request for arbitration.

Please Note: In the case of the request for arbitration being served on the respondent via delivery by hand, and the respondent refusing to sign in acknowledgement thereof, a sworn statement made by the applicant, must be submitted as proof that a copy of the request has been served on the respondent.

A COPY OF THE ID DOCUMENT OF THE APPLICANT(S) MUST ACCOMPANY THE REFERRAL FORM!

NB! The request form must be signed by the party(s) making the request.

4. INFORMING THE OTHER PARTY

I/we certify that a copy of this request was (as required by the Act) forwarded to the respondent as set out in the referral on _____ 20 ____ (date)

by means of:

- Registered post, registered slip from Post Office attached,
- Delivered by hand, Signature and name of recipient attached as proof,
- Transmitted by telefax, Transmission report attached.
- Affidavit of service attached.

FORM SUBMITTED BY

Name: _____

Signature: _____

Position: _____

Date: _____

Place: _____