

LRA Form 7.13
136
Labour Relations Act, 1995
24, 45, 61, 74, 191,
198,198A-C

ANNEXURE 9(3)

REQUEST FOR ARBITRATION



Read This First



WHAT IS THE PURPOSE OF THIS FORM?

If conciliation fails, a party may request that the SALGBC to resolve the dispute by arbitration, if the dispute is arbitrable.

WHO FILLS IN THIS FORM?

The party requesting the arbitration.

1.DETAILS OF PARTY REQUESTING ARBITRATION

Name:

Postal Address:

.....Code:

Occupation: (if employee).....

Tel: Fax:

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

Contact Person:

2.DISPUTE DETAILS

Case Reference Number:

The case between
(referring party)

and
(other party)

was referred for conciliation, but remains unresolved.

The certificate of non-resolution is attached / 30 days have expired since referral (delete whichever is not applicable).

The issues in dispute are

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

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

SALGBC Case 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; or
- A copy of a signed receipt if hand delivered; or
- A signed statement confirming service by the person delivering the form; or
- A copy of a fax confirmation slip; or
- A copy of an email confirmation slip or sent email; or
- Any other satisfactory proof of service.

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

If a party does not want the commissioner who conducted the conciliation proceedings to arbitrate this dispute that party must fill in LRA form 7.14.

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.DETAILS OF OTHER PARTY:

Name:

Designation/Title:

Company Name:

Physical Address:Code:

Tel:Fax:

Cell:Email:

4.WHAT DECISION WOULD YOU LIKE THE COMMISSIONER TO MAKE:

.....

.....

.....

.....

.....

.....

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

5.CONFIRMATION OF ABOVE DETAILS:

Form submitted by:

.....

(please print name)

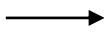
Signature:

Position:

Date:

Place:

This Form must be signed by the requesting party or a person entitled to represent the party in the arbitration proceedings.



CONTACT DETAILS OF OFFICES OR DIVISIONS OF THE COUNCIL

Head Office

Tel: (031) 201-8210
Fax: (031) 201-9788
E-mail: info@salgbc.org.za
Physical Address: 461 King Dinuzulu Road (South), Durban, 4062
Postal Address: Private Bag X16, Musgrave, 4062

Gauteng Regional Office

Gauteng Division
Tel: (012) 665-0249 / (012) 342-8792
Fax: (012) 665-1014
E-mail: info.g@salgbc.org.za
Physical Address: 3 Einstein Road,
Highveld Park, Centurion, 0169
Postal Address: P.O. Box 67182,
Techno Park, Centurion 0157

Johannesburg Metropolitan Division
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Tshwane Metropolitan Division
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Eastern Cape Regional Office

Eastern Cape Division
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KwaZulu-Natal Regional Office

eThekweni Metropolitan Division
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Western Cape Regional Office

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North West/Mpumalanga/Limpopo Regional Office

Mpumalanga Division
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Northern Cape/Free State Regional Office

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