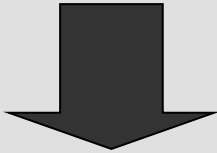


**BARGAINING COUNCIL FOR
THE RESTAURANT,
CATERING AND ALLIED
TRADES, REQUEST FOR
ARBITRATION**



Read This First



**WHAT IS THE PURPOSE OF
THIS FORM?**

If conciliation fails, a party may request that the Bargaining Council resolve the dispute by arbitration.

WHO FILLS IN THIS FORM?

The party requesting the arbitration

**WHERE DOES THIS
FORM GO?**

To the General Secretary
Bargaining Council.
Braampark – Forum V
Office 01/02A, Ground Floor
33 Hoofd Street
Braamfontein
2001
P.O. Box 30822,
Braamfontein 2017
Fax: (011) 832 1192
(011) 832 1191

Please note that if you are not covered by this bargaining council you may have to take the request to the CCMA

1. DETAILS OF PARTY REQUESTING ARBITRATION

Name :

Postal Address:.....
.....
.....

Tel:..... Fax:.....

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

2. DISPUTE DETAILS

Case Reference Number:

The case betweenand
(party) (other party)
was referred for conciliation, but remains unresolved

The certificate confirming the failure of conciliation is attached

In terms of Section I / we now request that
(see chart on page 3)
the matter be resolved through arbitration.

The issues in dispute are
.....
.....
.....
.....

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

Council Ref. 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;
- A copy of a signed receipt if hand delivered;
- A signed statement confirming service by the person delivering the form;
- A copy of a fax confirmation slip; 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.

If both parties agree on a particular commissioner to arbitrate then they must inform the Council within 48 hours of the dispute being certified as unresolved.

If a party wants a senior commissioner to arbitrate they must fill in LRA Form 7.15.

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. WHAT DECISION WOULD YOU LIKE THE COMMISSIONER TO MAKE:

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

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

4. CONFIRMATION OF ABOVE DETAILS:

Form submitted by(name):.....

Signature:.....

Designation:

Date:

Place:

This form must be signed by the referring party or a person entitled to represent the party in the arbitration proceedings

5. DETAILS OF OTHER PARTY

Name :

Designation:.....

Postal Address:

.....

.....

Tel:..... Fax:.....

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

Please turn over →