

**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.  
3<sup>rd</sup> Floor, 21 Kruis Street,  
Marshalltown, 2107  
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 between .....and .....  
(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:**

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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** →