

**IN THE BARGAINING COUNCIL FOR THE RESTAURANT, CATERING AND ALLIED TRADES** (held in Braamfontein)

Case Number: \_\_\_\_\_

In the matter between:

\_\_\_\_\_  
(Applicant's name to be put here)

And

\_\_\_\_\_  
(Respondent's name to be put here i.e. other party)

**APPLICATION FOR CONDONATION OF LATE REFERRAL**

**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. Condoning the late referral;
2. No order as to costs/alternative costs in the cause;
3. Alternate relief.

**PLEASE TAKE NOTICE FURTHER** that the applicant will accept service of all documents in this application at the following address, fax number and e-mail address:

\_\_\_\_\_  
(full address)

**TAKE NOTICE FURTHER** that should you intend opposing this application you must deliver an answering affidavit within **five (5) days** of this affidavit having been served failing which the matter will be heard in your absence.

**AND TAKE NOTICE FURTHER** that the Affidavit of \_\_\_\_\_  
(insert name of person making affidavit here i.e. deponent) annexed hereto marked A will be used in support of this application.

Signed on this \_\_\_\_\_ (day) of \_\_\_\_\_ (month) 2023.

\_\_\_\_\_  
APPLICANT SIGNATURE

**Full Address of the Applicant/representative:**

\_\_\_\_\_  
\_\_\_\_\_

**FULL ADDRESS**

Tel. No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
Email No: \_\_\_\_\_

**And to: The Respondent/representative:**

\_\_\_\_\_  
\_\_\_\_\_

**FULL ADDRESS**

Tel. No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
Email No: \_\_\_\_\_

- { } By Registered post
- { } By Hand delivery affidavit to respondent:  
Date delivered: \_\_\_\_\_ Received by: \_\_\_\_\_ (name in print)
- { } By Telefax
- { } By Email

**And to: The Bargaining Council for the Restaurant, Catering and Allied Trades**

**BARGAINING COUNCIL FOR THE RESTAURANT  
CATERING AND ALLIED TRADES**

NO 33 HOOFD STREET  
FORUM V, GROUND FLOOR  
BRAAMPARK  
BRAAMFONTEIN  
2001

Tel: 087 097 0146/011 832 1170/80 Opt 1/2/3/4  
Statutory: (086) 439 6005  
Accounts: (086) 439 7271  
DRC: (086) 439 6187  
Secretary: (086) 439 7254

*Official address of the Bargaining Council*

- { } Registered post; { } By Hand; { } By Telefax; { } By Email

**Attention: Case Management Officer/s**  
**Email: [sbongile@bcrc.co.za](mailto:sbongile@bcrc.co.za); [modiki@bcrc.co.za](mailto:modiki@bcrc.co.za); [vongani@bcrc.co.za](mailto:vongani@bcrc.co.za)**

## APPLICATION FOR CONDONATION IN RESPECT OF UNFAIR DISMISSAL DISPUTE

Case Number: \_\_\_\_\_

In the matter between:

\_\_\_\_\_  
(Applicant/Employee)

And

\_\_\_\_\_  
(Respondent/Employer)

### AFFIDAVIT

I, the undersigned, \_\_\_\_\_  
(full names of Applicant)

do hereby make oath and say:

**1. Background**

- 1.1 I am the applicant in this matter.
- 1.2 Applicant was dismissed on \_\_\_\_\_
- 1.3 Respondent refused to reinstate applicant on \_\_\_\_\_
- 1.4 The dispute arose on \_\_\_\_\_  
After all attempts to negotiate or follow other internal procedures at the respondent failed (appeal).

**2. Degree of Lateness**

- 2.1 The referral is \_\_\_\_\_ days late.
- 2.2 Applicant did the following to pursue his/her rights after his/her dismissal:
  - 2.2.1 Applicant went to his/her union / Department of Labour / Community Advice Centre / Legal Advice Centre (delete whichever is not applicable) on.....
  - 2.2.2 Applicant telephoned on .....
  - 2.2.3 Applicant signed the referral form on .....

**3. Reasons for Lateness**

The reason/s that applicant referred the matter late is:


**4. Prospects of Success**

Applicant believes that he/she has a good case because (explain with good reasons why dismissal is unfair):


**5. Prejudice**

As the applicant (employee), if condonation is not granted, I will be prejudiced because:


As the respondent (employer), if condonation is granted, I will be prejudiced because:

***Respondent my oppose condonation as per CCMA Rule 31, 5(a) on affidavit which is to be served on the other party and council simultaneously. See point 7 & 8 as shown below.***

**6. General**

Any other relevant information


\_\_\_\_\_

7. The respondent may, within (five) 5 days of receipt of this affidavit from the applicant, file an affidavit opposing an application for condonation by the applicant.
8. The respondent must forward a copy of this affidavit to the other party, as well as to the Council, within the stipulated 5 days. Proof must be attached to show that the affidavit has been forwarded to the other party. This would be in the form of either a registered mail slip, fax transmission report or an affidavit of hand delivery or a copy of the email sent.

\_\_\_\_\_  
Deponent Signature

<b><u>COMMISSIONER OF OATHS</u></b>	
Sworn before me at _____ on this the ____ day of _____ 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.	
<i>Official Stamp of Commissioner of Oaths</i>	<b>COMMISSIONER OF OATHS SIGNATURE</b>
	<b>Full name in print</b>
	<b>Full Address</b>