

**DISPUTE REFERRAL FOR ARBITRATION TO THE DISPUTE RESOLUTION
CENTRE (DRC) OF THE MOTOR INDUSTRY BARGAINING COUNCIL
(ACCREDITED MATTERS) (LABOUR RELATIONS ACT 66 OF 1995)**

NOTE:

1. The original form is to be returned to the DRC. One copy is to go to the respondent party and one copy is to be retained by the applicant party.
2. Kindly note that in terms of Section 136(1)(b) referrals for **ARBITRATION** must be submitted for arbitration within 90 days from the date on which the certificate of non-resolution of the dispute was issued. **A COPY OF THE CERTIFICATE MUST ACCOMPANY THIS REFERRAL.** Should this not be done, the referral must be accompanied by an **application for condonation.**
3. Where there are multiple Applicants, their particulars must be submitted on a separate attachment to this referral.
4. Kindly print where possible.

I / We, the undersigned, hereby refer for **ARBITRATION** a dispute which exists in the
MOTOR INDUSTRY

BETWEEN

Full Name of Applicant: _____

(Applicant trade union(s), employee(s), employers' organization(s) or employer(s))

Postal Address of Applicant _____

Physical Address of Applicant _____

Telephone Number (Code) _____

Fax Number (Code) _____

Number of witnesses Applicant intends calling: _____

Award sought from the Arbitrator:

If Applicant is to be represented at the dispute hearing, the following particulars are required: (Your attention is drawn to Sections 138(4) and 149(1) of the Act which pertain to **legal representation**. Any party, including respondent, who intends to utilize the services of a legal representative in matter referred to in Section 140(1), ie., dismissal pertaining to conduct or capacity, must advise the other party as well as the DRC at least 14 days prior to the hearing in order that the matter be referred to an arbitrator for a ruling).

Name of Representative: _____

Postal Address of Representative: _____

Physical Address of Representative: _____

Telephone Number(s) (Code _____) _____

Fax Number(s) (Code _____) _____

NOTE: A copy of this application must be served on the Respondent before it is submitted to the DRC. Proof that this has been done must accompany the referral.

A copy of this application was:

(Mark with an X where applicable)

- 1. Sent by REGISTERED POST (REGISTERED SLIP ATTACHED) _____
- 2. Set by TELEXAX (TRANSMISSION SLIP ATTACHED) _____
- 3. Delivered by HAND (WRITTEN ACKNOWLEDGEMENT/
SWORN AFFIDAVIT ATTACHED) _____

NOTE: THIS REFERRAL MUST BE SIGNED BY THE APPLICANT(S) AS WELL AS HIS/HER/REPRESENTATIVE. FAILURE TO ADHERE THERETO WILL CAUSE UNNECESSARY DELAYS

APPLICANT'S SIGNATURE(S)

1. _____

2. _____

3. _____

4. _____

(Kindly add an extra page if applicants exceed 4 in number)

APPLICANT(S) REPRESENTATIVE'S NAME _____

PRINT

REPRESENTATIVE'S SIGNATURE _____

AS WITNESS:

1. _____

2. _____

NOTE

If the dispute referral is delivered by hand, attach this page as proof of delivery, to the referral.

DISPUTE

APPLICANT

RESPONDENT

Referral was received by:

(Print Name)

(Signature of recipient)

(For respondent)

On:

(Date)

NOTE : If the referral was delivered by hand, and written acknowledgement of receipt was not obtained, the **AFFIDAVIT** overleaf must be completed. Kindly ensure that it is signed in the presence of a **COMMISSIONER OF OATHS**, and attach the completed **AFFIDAVIT** to the referral.

AFFIDAVIT

I, the undersigned, an adult male / female (delete which is not applicable)

ID NO: _____

In my capacity as _____

Do hereby declare, under oath, that:

I delivered, by hand, a copy of the dispute referral to _____
(Name of recipient)

At _____
(Name of respondent)

On _____ and I was unable to obtain written receipt therefore.
(Delivery date)

THUS SIGNED AT _____ ON THIS _____ DAY OF
_____ 200 _____.

COMMISSIONER OF OATHS