

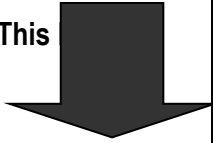
NBCRFLI FORM

ROAD FREIGHT
INDUSTRY – 2

REQUEST FOR ARBITRATION ONLY



Read This



WHAT IS THE PURPOSE OF THIS FORM?

If conciliation fails, and the dispute is not a dispute that may be referred for con-arb in terms of S191(5A) of the LRA, a party may request that the NBCRFLI resolve the dispute by arbitration.

WHO FILLS IN THIS FORM?

The party requesting the arbitration
**WHERE DOES THIS FORM
GO?**

To the General Secretary at the
Head Office of the NBCRFLI. Details
are as follows:

GAUTENG
29 Dekorte Street
Braamfontein
2017
011 703 7000

Email: disputes.gauteng@nbcfrfi.co.za

HEAD OFFICE
29 Dekorte Street
6th Floor
Braamfontein
2017

Email: disputes.ho@nbcfrfi.co.za

KWAZULU/NATAL
300 Smith Street
5th Floor, Old Mutual Building
Durban
4000
031 307 6070

Email: disputes.kzn@nbcfrfi.co.za

WESTERN CAPE
No 14 Christian Barnard Street
3rd Floor
Atlantic Centre
Cape Town
8000
disputes.cpt@nbcfrfi.co.za

Tel: 021 936 4000

1. DETAILS OF PARTY REQUESTING ARBITRATION

Name:

ID Number:

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
the matter be resolved through arbitration.

The issues in dispute are

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

NBCRFLI

Please turn over

Reference. Number.....

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 Panellist who conducted the conciliation proceedings to arbitrate this dispute, that party must fill in NBCRFLI form 5.

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

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:

Postal Address:

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Tel: Fax:

Cell: Email:

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

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

5. CONFIRMATION OF THE 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

Please turn over

PROTECTION OF PERSONAL INFORMATION ACT, 4 OF 2013

By signing this referral form, I/we hereby grant my/our voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the NBCRFLI (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the NBCRFLI must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available. Further details are available on the NBCRFLI website.

SIGNED AT _____ **ON THIS** _____ **DAY OF** _____ **20-**

INITIAL AND SURNAME: _____

SIGNATURE: _____

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