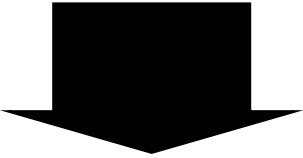


NBCRFLI FORM 	PART A REFERRING A DISPUTE TO THE NBCRFLI FOR CONCILIATION INCLUDING CON-ARB	
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WHO FILLS IN THIS FORM?

Employer, Employee, Trade Union or Employer's Organisation.

WHERE DOES THIS FORM GO?

NATIONAL BARGAINING COUNCIL FOR THE ROAD FREIGHT AND LOGISTICS INDUSTRY (NBCRFLI)
OFFICES:

Head Office

29/31 De Korte Street
Private Bag X69
Braamfontein
2017

Tel: (011) 703-7000
Fax: (011) 403-1644/2029
Email: disputes.ho@nbcfrfi.co.za
Email: con-arb.objectionsHO@nbcfrfi.co.za

Cape Town

No.14 Christian Barnard Street
3rd Floor
Atlantic Centre
Cape Town
8000

Tel: (021) 936-4000
Fax: (021) 930-6032
Email: disputes.cpt@nbcfrfi.co.za
Email: con-arb.objectionsCPT@nbcfrfi.co.za

Gauteng

29/31 De Korte Street
Private Bag X69
Braamfontein
2017

Tel: (011) 703-7000
Fax: (011) 403-4379/2060
Email: disputes.gauteng@nbcfrfi.co.za
Email: con-arb.objectionsGP@nbcfrfi.co.za

KwaZulu Natal

5th Floor
Old Mutual Building
300 Smith Street

4000

Tel: (031) 307-6070
Fax: (031) 307-6071
Email: disputes.kzn@nbcfrfi.co.za
Email: con-arb.objectionsKZN@nbcfrfi.co.za

WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?

When you refer the dispute to the NBCRFLI, it will appoint a panelist from the NBCRFLI panel who will attempt to resolve the dispute. If the parties to the dispute have agreed on a particular NBCRFLI panelist, the NBCRFLI will appoint that panelist (provided the panelist is available).

OTHER INSTRUCTIONS

Please note that the following disputes must be forwarded directly to the CCMA, and cannot be dealt with by a bargaining council in terms of the Labour Relations Act, 66 of 1995 ("the LRA"):

- Disclosure of information (Sections 16 and 89 of the LRA)
- Organisational rights (Chapter III part A of the LRA)
- Agency shop disputes (Section 25 of the LRA)
- Closed shop disputes (Section 26 of the LRA)
- Interpretation or application of collective bargaining provisions (Section 63 (1) of the LRA)
- Picketing disputes (Section 69 of the LRA)
- Workplace forum disputes (Sections 86 and 94 of the LRA)
- Facilitation – Operational Requirements (Section 189A of the LRA)

FURTHER 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 affidavit confirming service by the person delivering the form;
- A copy of a fax confirmation slip; or
- Any other satisfactory proof of service.

READ THIS FIRST

Tick the correct box ☒

The name of the employee or an employer that is referring the dispute must be filled in (a). If there is more than one employee to the dispute and the referring party is not a trade union, then each employee must supply their personal details and signature on a separate page, which must be attached to this form.

These alternate contact details should be of a union official or representative, a relative or a friend.

The name of the trade union or employer's organisation that is referring the dispute or assisting a member to refer a dispute must be filled in (b).

OTHER PARTIES

If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate page and attach this page to this form.

Tick the correct box ☒

1. DETAILS OF PARTY REFERRING THE DISPUTE

As the referring party, are you:

- ☐ An employee
 ☐ A trade union (admitted to the NBCRFLI)
- ☐ A trade union (not admitted to the NBCRFLI)
- ☐ An employer
 ☐ An employers' organisation (admitted to the NBCRFLI)
- ☐ An employers' organisation (not admitted to the NBCRFLI)

(a) Name and details of the referring party :

Name:.....
 Surname:.....
 Length of service..... ID Number:.....
 Salary Gross..... Salary Net.....
 Gender(M/F)..... Age..... Nationality.....
 Postal Address:.....
 Postal Code:.....
 Tel:..... Cell:.....
 Fax:..... Email:

(b) Alternate contact details of the referring party:

Name:.....
 Postal Address:.....
 Postal Code:.....
 Tel:..... Cell:.....
 Fax:..... Email:

2. DETAILS OF THE OTHER PARTY WITH WHOM YOU ARE IN DISPUTE

The other party is:

- ☐ An employee
 ☐ A trade union (admitted to the NBCRFLI)
- ☐ A trade union (not admitted to the NBCRFLI)
- ☐ An employer
 ☐ An employers' organisation (admitted to the NBCRFLI)
- ☐ An employers' organisation (not admitted to the NBCRFLI)

Name:.....
 Postal Address:.....
 Postal Code:.....
 Tel:..... Cell:.....
 Fax:..... Email:

If a Temporary Employment Services(TES) is involved, the name of the TES:

Number of the employees employed by the employer.....

Please turn over

Tick the correct box ☒

If the dispute concerns dismissal, also complete Part B (See Page 5) of this form.

This section must be completed!

If necessary write the details on a separate page and attach to this form.

UNFAIR LABOUR PRACTICE

If the dispute(s) concerns an unfair labour practice the dispute must be referred (ie. received by the NBCRFI) within 90 days of the act or omission which gave rise to the unfair labour practice. If more than 90 days have elapsed you are required to apply for condonation.

3. NATURE OF THE DISPUTE

What is the dispute about (tick only one box)?

- | | | |
|--|--|---|
| ☐ Unfair dismissal | ☐ Unfair Labour Practice (Give details) | ☐ Refusal to Bargain |
| ☐ Mutual Interest | ☐ Unfair Labour Practice (probation) | ☐ Freedom of Association |
| ☐ Unilateral change to terms and conditions of employment | ☐ Severance pay S41 BCEA | |
| ☐ Interpretation/ Application of Collective Agreement | ☐ S198A (Labour Broker/TES | ☐ S198B (Fixed Term Contract |
| ☐ S198C(Part time-Employment) | | |
| ☐ (Other.....) | | |

Summarise the facts of the dispute you are referring:(Use additional paper if necessary)

.....
.....

4. DATE AND PLACE WHERE DISPUTE AROSE

The dispute arose on:
(give the date, day, month and year)

The dispute arose where:
(give the city/town in which the dispute)

If the dispute concerns a dismissal, the date inserted here must be the same as that set out in Item 2 of Part B of this form.

5. DETAILS OF DISPUTE PROCEDURES FOLLOWED

Have you followed all internal grievance / disciplinary procedures before coming to the NBCRFI? ☐ YES ☐ NO

Describe the procedures followed:.....
.....
.....
.....
.....

6. RESULT OF CONCILIATION

What outcome do you require?.....
.....
.....

Please turn over

Tick the correct box ☒

Parties may, at their own cost, bring interpreters for languages other than the official South African languages. Please indicate this under 'other'

Special features might be the urgency of the matter, the large number of people involved, important legal or labour issues etc.

Only fill this in if this is a dispute about unilateral change to terms and conditions of employment.

7. SECTOR

Indicate the sector or service in which the dispute arose.

☐ Road Freight

☐ Other (*please prescribe*)

8. INTERPRETATION SERVICES

Do you require an interpreter at the conciliation?

☐ YES

☐ NO

If yes, please indicate for what language below:

☐ Afrikaans

☐ isiNdebele

☐ isiZulu

☐ isiXhosa

☐ Sepedi

☐ Sesotho

☐ Setswana

☐ siSwati

☐ Tshivenda

☐ Xitsonga

☐ Other (*please indicate*).....

9. SPECIAL FEATURES / ADDITIONAL INFORMATION

Briefly outline any special features / additional information the NBCRFLI needs to note:

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

10. DISPUTE ABOUT UNILATERAL TO TERMS AND CONDITIONS OF EMPLOYMENT (S64(4))

I/We require that the employer party not implement unilaterally the proposed changes that led to this dispute for 30 days, or that it restore the terms and conditions of employment that applied before the change.

Signed: (*Employee party referring the dispute*)

11. OBJECTION TO CON-ARB PROCESS

I/we object to the arbitration commencing immediately after the conciliation in terms of Section 191(5A)(c).

Signed:

If the employer objects to the arbitration commencing immediately after the conciliation the employer must submit a written notice in terms of CCMA Rule 19(2) at least 7 days prior to the scheduled date of the conciliation. The employer must attend the conciliation regardless of whether it makes this objection.

12. CONFIRMATION OF ABOVE DETAILS

Signature of party referring the dispute:

Signed at.....on this
(place) (date)

IF THE DOCUMENT WAS HAND DELIVERED TO THE RESPONDENT, PLEASE COMPLETE THIS AFFIDAVIT IN FULL AND SIGN BEFORE COMMISSIONER OF OATHS

AFFIDAVIT

I, the undersigned,

Name.....

ID Nr.....

Do hereby declare, under oath, that I delivered, by hand, a copy of the dispute referral to:

.....
(Name of Person accepting or rejecting the document)

On.....(date) and that was unable to obtain a written report.

Signed and dated aton this the.....day of20.....

Deponent..... Commissioner of Oaths.....

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**_____