

APPLICATION FOR CONDONATION IN RESPECT OF UNFAIR LABOUR PRACTICE

			Case Number:		
			(Applicant/Employee)		
			and		
			(Respondent/Employer)		
			AFFIDAVIT		
I, the	undersi	gned,	(full name of Applicant/Respondent)		
do he	ereby ma	ake oath	and say:		
1.	Background				
	1.1	Applic	ant became aware of the act or omission on		
	1.2	Respo	ndent refused to correct the act or omission on		
2.	Degree of Lateness				
	2.1	The re	ferral isdays late.		
	2.2	Applic	ant did the following to pursue his/her rights after the act or omission:		
		2.2.1	Applicant went to his/her union / Department of Employment and Labour / Community Advice Centre Legal Advice Centre (delete which is not applicable) on		
		2.2.2	Applicant lodged a grievance 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 good cause because (explain with good reasons why practice 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			
6.	General			
	Any other relevant information			
7.	The respondent must, within 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 the affidavit to the other party, as well as to the NBCRFLI, 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, e-mail confirmation, fax transmission slip or an affidavit of hand delivery.			
9.	By completing this application form, I/we hereby grant my 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 by completing this application form, 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 NBCRFL website.			
Appl	icant			

Signed before me onatatatat					
Commissioner of Oaths					
Name					
Address	or				
Capacity					