



**NATIONAL BARGAINING  
COUNCIL**  
FOR THE PRIVATE SECURITY SECTOR

# APPLICATION FOR EXTENSION

**LRA FORM  
Section 138(8)  
Labour Relations  
Act, 1995**

**Read This First**



This application **must** be submitted **before** the expiry of the 14-day period, unless exceptional circumstances arise.

All information on the form must be completed. The processing on the CMS must also be completed. No application will be considered if an application for an extension has not been processed through the CMS.

If extensions are required for more than one case, a separate application form must be completed for each case.

**WHERE DOES THISFORM  
GO?**

Central Office Park, Block A  
400 16<sup>th</sup> Road  
Randjespark  
Midrand  
1685

Tel: 010 800 2321  
Email: [admin@nbcpsc.org.za](mailto:admin@nbcpsc.org.za)

If this application is successful, the parties to the dispute must be notified of the new date when the award will be submitted

1. Date of Application: .....
2. Case Number: .....
3. Name of Panelist: .....
4. Employee Party: .....
5. Employer Party: .....
6. Arbitration End Date: .....
7. Closing arguments Due Date: .....
8. Award Due Date: .....
9. Number of Additional Days Required: .....
10. Minus 4 days vetting: .....
11. New Award Due Date: .....

Motivation:

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

.....  
.....  
*Signature*                      *Date*

**DRM Recommendation** *(for office use only)*

- Application Approved.
- Application rejected.

.....  
.....  
*Signature*                      *Date*

**NBCPSS CASE NUMBER:**

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## **THE NATIONAL BARGAINING COUNCIL FOR THE PRIVATE SECURITY SECTOR**

**TO THE NBCPSS**

### **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 NBCPSS (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 NBCPSS 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 NBCPSS website.

**SIGNED AT** \_\_\_\_\_ **ON THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_ **202** \_\_\_\_\_

**INITIAL AND SURNAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_