



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

REQUEST FOR ARBITRATION

LRA Form 7.13
Labour Relations Act,
1995 Sections 16, 21,
22, 24, 45, 61,
74, 86, 94, 133, 141, 191, 198,
198A-C
Sections 10 Basic
Conditions of
Employment Act, 1997

Read This First



WHAT IS THE PURPOSE OF THIS FORM?

If conciliation fails, a party may request that the Council resolve the dispute by arbitration.

WHO FILLS IN THIS FORM?

The party requesting the arbitration.

WHERE DOES THIS FORM GO?

Central Office park, Block A,
Randjespark, Midrand, 1685

1. DETAILS OF PARTY REQUESTING ARBITRATION

Name :

.....

Postal Address:.....

.....Code:.....

Tel:..... Fax:.....

Cell:.....Email:.....

Contact person:

2. DISPUTE DETAILS

The case between:

.....(referring party)
and

.....(other party)

was referred for conciliation, but remains unresolved.

The certificate of non-resolution is attached / 30 days have expired since referral (delete whichever is not applicable).

The issues in dispute are

.....

.....

.....

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

NBCPSS Case Number.....

Please turn over



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 any of the following:

- A copy of a registered slip from the Post Office; or
- A copy of a signed receipt if hand delivered; or
- A signed statement confirming service by the person delivering the form;
- A copy of a fax confirmation slip; or
- A copy of an email confirmation slip or sent email; or
- Any other satisfactory proof of service.

The Council may be requested to assist with service.

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:
..... Code:.....
Physical Address:.....
..... Code:.....
Tel:..... Fax:.....
Cell:..... Email:.....

4. OUTCOME REQUIRED:

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

5. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:
.....
(please print name)
Signature:
Position:
Date:
Place.....

This form must be signed by the requesting party or a person entitled to represent the party in the arbitration proceedings.