



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

# NOTICE OF OBJECTION TO ARBITRATION BY SAME COMMISSIONER

LRA Form 7.14  
Section 136(3)  
Labour  
Relations Act,  
1995

**Read This First**



**WHAT IS THE PURPOSE OF THIS FORM?**

This form notifies the NBCPSS that a party objects to an arbitrator who is the same commissioner who conducted the conciliation process.

**WHO FILLS IN THIS FORM?**

Objecting party.

**WHERE DOES THIS FORM GO?**

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

**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 signed receipt if hand delivered; or
- 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 NBCPSS may be requested to assist with service.

This form must be submitted to the NBCPSS within 7 days after the date of issue of the certificate.

**1. PARTY DETAILS**

Name: .....

Postal Address: .....

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

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

Cell: ..... E-Mail: .....

Contact Person: .....

**2. DETAILS OF THE OTHER PARTY**

Name: .....

Postal Address: .....

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

Tel: .....

..... Fax: .....

Cell: ..... E-Mail: .....

Contact Person: .....

**3. OBJECTION DETAILS**

I/we  
.....  
(please print name)

object to Commissioner  
.....  
(please print name)

who conciliated the dispute.

**4. CONFIRMATION OF ABOVE DETAILS:**

Form submitted by:  
.....  
(please print name)

Signature: .....

Position: .....

Date: ..... Place:.....

**Case Number** .....



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