

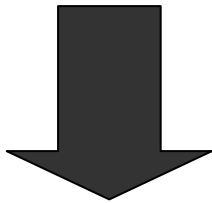
WPS FORM : 2
WOOD & PAPER SECTOR

REQUEST FOR
ARBITRATION
ONLY



National Bargaining Council
for the Wood and Paper Sector

READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

If conciliation fails, and the dispute is not a dispute that may be referred for con-arb in terms of S191(5A) of the LRA, a party may request that the NBCWPS resolve the dispute by arbitration.

WHO FILLS IN THIS FORM?

The party requesting the arbitration

WHERE DOES THIS FORM GO?

To the General Secretary at the Head Office of the NBCWPS. Details are as follows:

26 Loveday Street
CCMA House
Marshalltown
2107

PO Box 62670
Marshalltown
2107

Tel: 011 832 2080
Fax: 011 832 2288

Email: info@bcwps.org.za

1. DETAILS OF PARTY REQUESTING ARBITRATION

Name :

I D Number:

Postal Address:.....

.....

.....

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

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

2. DISPUTE DETAILS

Case Reference Number:

The case betweenand
(party) (other party)

was referred for conciliation, but remains unresolved

The certificate confirming the failure of conciliation is attached

In terms of Section I / we now request that
(see chart on page 3)

the matter be resolved through arbitration.

The issues in dispute are :

.....

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.....

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

NBCWPS
Reference. 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:

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

The certificate confirming that the dispute was unresolved through conciliation must also be attached to this form.

If a party does not want the Panellist who conducted the conciliation proceedings to arbitrate this dispute, that party must fill in NBCWPS CI form 5.

If both parties agree on a particular Arbitrator to arbitrate then they must inform the NBCWPS within 48 hours of the dispute being certified as unresolved.

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.WHAT DECISION WOULD YOU LIKE THE ARBITRATOR TO MAKE:

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The arbitrator may require a more detailed statement of case later.

4. CONFIRMATION OF ABOVE DETAILS:

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

Signature:.....

Designation:

Date:

Place:

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

5. DETAILS OF OTHER PARTY

Name:.....

Designation:.....

Postal Adress:.....

.....

.....

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

Cell:..... E-mail.....

Please turn over

ARBITRATION REQUESTS

SECTION LIST/NATURE OF DISPUTE

LRA Section	Dispute
133(2)(b) / 141(1)	Consent to arbitration where Labour Court has jurisdiction
191(5)(a)	Unfair dismissal
191(5)(a)	Unfair labour practices
191(12)	Unfair dismissal for operational requirements, affecting one employee.
BASIC CONDITIONS OF EMPLOYMENT ACT SECTION 41	Severance pay