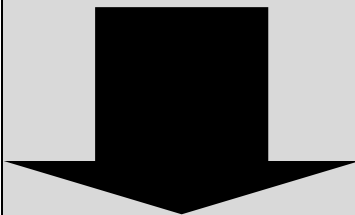


# REFERRING A DISPUTE TO THE BARGAINING COUNCIL FOR THE MEAT TRADE FOR CONCILIATION (INCLUDING CON-ARB)

## READ THIS FIRST



### WHERE TO SEND THIS FORM TO:

**Private Bag X3060  
Randburg  
2192**

[corne@wadavidson.co.za](mailto:corne@wadavidson.co.za)  
[bcmt@wadavidson.co.za](mailto:bcmt@wadavidson.co.za)

Tel: (011) 646-0290

### WHAT IS THE PURPOSE OF THIS FORM?

This form enables a person or organisation to refer a dispute to the Bargaining Council for the Meat Trade for conciliation and con-arb.

### WHO FILLS IN THIS FORM?

Employer, employee, trade union or employers' organisation.

The name of the employee or an employer that is referring the dispute must be filled in (a).

If there is more than one employee to the dispute and the referring party is not a trade union, then each employee must supply their personal details and signature on a separate page, which must be attached to this form.

The name of the trade union or employer's organisation that is referring the dispute or assisting a member to refer a dispute must be filled in (b). If there is more than one party, please provide all the details of each party on a separate page which must be attached to this form.

### 1. DETAILS OF PARTY REFERRING DISPUTE

As the referring party, are you:

- ☐ An employee ☐ Trade union  
☐ An employer ☐ An employers' organization

**(a) If the referring party is an employee**

Name.....  
Surname .....Identity number.....  
Occupation (if employee) .....  
Length of service .....  
Salary Gross ..... Salary Net .....  
Gender (M/F) ..... Age ..... Nationality .....  
Postal Address: ..... Postal Code: .....  
Physical Address: .....  
Tel: ..... Cell: .....  
Fax: ..... Email: .....

**(b) Name of the referring party who will represent the applicant (name of official) if the referring party is an employer's organization or trade union, or if the employer's organization is assisting a member to the dispute**

Name: (party)..... (Official).....  
Contact person (if organization): .....  
Postal Address: ..... Postal Code .....  
Physical Address: .....  
Tel: ..... Cell: .....  
Fax: ..... Email: .....

### 2. DETAILS OF THE OTHER PARTY (PARTY WITH WHOM YOU'RE IN DISPUTE)

The other party is:

- ☐ An employer ☐ An employers' organization  
☐ An employee ☐ A trade union

Name: .....  
(if company or close corporation, the name of the company or close

## FURTHER 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; or
- A copy of a fax or e-mail confirmation slip; or
- Any other satisfactory proof of service.

### Unfair Labour Practice

If the dispute(s) concerns an unfair labour practice, the dispute must be referred within 90 days of the act or omission which gave rise to the unfair labour practice. If more than 90 days has elapsed you are required to apply for condonation.

If it is an unfair labour practice, state whether it relates to probation.

corporation):

Contact person: .....

Postal Address: .....

.....Postal Code .....

Physical Address:

.....

Tel: .....Cell: .....

Fax: .....Email: .....

Company or close corporation registration number: .....

Number of employees employed by employer: .....

### 3. NATURE OF THE DISPUTE

What is the dispute about (tick only one box)?

- |  |  |
|--|--|
| <input type="checkbox"/> Unfair dismissal                                      |  |
| <input type="checkbox"/> Mutual Interest                                       | <input type="checkbox"/> Refusal to Bargain  |
| <input type="checkbox"/> Unilateral change to terms & conditions of employment | <input type="checkbox"/> Severance Pay S41 BCEA  |
| <input type="checkbox"/> Interpretation or application of collective agreement | <input type="checkbox"/> Unfair labour practice (other) – <i>please give details</i> ..... |
| <input type="checkbox"/> S198 LRA  | .....  |
| <input type="checkbox"/> S198A(Labour Broker)                                  | .....  |
| <input type="checkbox"/> S198B(Fixed Term Contract)                            | <input type="checkbox"/> S198C(Part-time Employment)                                       |
| <input type="checkbox"/> Other – <i>please give details</i>                    |  |
| .....  |  |
| .....  |  |

If it is unfair dismissal dispute, tick the relevant box

- |  |   |
|--|---|
| <input type="checkbox"/> Misconduct            | <input type="checkbox"/> Incapacity                     |
| <input type="checkbox"/> Unknown Reasons       | <input type="checkbox"/> Constructive Dismissal         |
| <input type="checkbox"/> Poor Work Performance | <input type="checkbox"/> Dismissal relates to probation |
| <input type="checkbox"/> Other                 |   |

### 4. SUMMARIZE THE FACTS OF THE DISPUTE (Use additional paper if necessary):

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

### 5. DATE AND WHERE DISPUTE AROSE:

The dispute arose on: .....  
(give the date, day, month and year)

The dispute arose where: .....  
(give the City/Town in which the dispute arose)

### 6. DATE OF DISMISSAL(if applicable) \_\_\_\_\_

This section must be completed!



Parties may, at their own cost, bring interpreters for languages other than the official South African languages. Please indicate this under "other".

## 7. FAIRNESS/UNFAIRNESS OF DISMISSAL(if applicable)

### (a) Procedural Issues

Was the dismissal procedurally unfair? Yes O No O

If yes, why? .....

### (b) Substantive Issues

Was the reason for the dismissal unfair? Yes O No O

If yes, why? .....

## 8. RESULT REQUIRED

.....

.....

.....

## 9. OBJECTION TO CON-ARB PROCESS(Only complete this part if you object to the arbitration commencing immediately after conciliation)

I/we object to the arbitration commencing immediately after the conciliation in terms of Section 191(5A)(c).

\_\_\_\_\_  
Signature of person objecting to con-arb

## 10. INTERPRETER SERVICES

Is an interpreter required? Yes/No

- ☐ Afrikaans  
☐ Sepedi  
☐ Tshivenda

- ☐ isiNdebele  
☐ Sesotho  
☐ Xitsonga

- ☐ isiZulu  
☐ Setswana  
☐ Other (*please indicate*)....

## Dispute about unilateral change to terms and conditions of employment s64(4)

I/we require that the employer party not implement unilaterally the proposed changes that led to this dispute for 30 days, or that it restore the terms and conditions of the employment that applied before the change.

Signed: .....(employee party referring the dispute)

## 11. POPIA CONFIRMATION

By signing this document, 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 2023. I/We furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in so far as the Bargaining Council for Meat Trade (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 Bargaining Council for Meat Trade must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of the 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.

## 12. CONFIRMATION OF ABOVE DETAILS

**Form submitted by:**

.....

**(Please print name)**

**Signature:** .....

**Position:** .....

**Date:** .....

**Place:** .....