

# APPLICATION FOR CONDONATION - LATE REFERRAL OF A DISPUTE

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
(Applicant/Employee)

and

\_\_\_\_\_  
(Respondent/Employer)

## AFFIDAVIT BY APPLICANT

I, the undersigned, \_\_\_\_\_  
(FULL NAME OF APPLICANT)

Do hereby make oath and say:

1. **Background**

- 1.1 Applicant was dismissed on: \_\_\_\_\_
- 1.2 Respondent refused to reinstate applicant on: \_\_\_\_\_
- 1.3 The dispute arose on: \_\_\_\_\_  
After all attempts to negotiate or follow internal procedures at the respondent failed (appeal)

2. **The Degree of Lateness**

- 2.1 The referral is \_\_\_\_\_ days late.
- 2.2 Applicant did the following to pursue his/her rights after his/her dismissal:
  - 2.2.1 Applicant went to his/her union / Department of Labour / Community Advice Centre / Legal Advice Centre (delete which is not applicable) on: \_\_\_\_\_
  - 2.2.2 Applicant telephoned: \_\_\_\_\_  
On \_\_\_\_\_
  - 2.2.3 Applicant signed the referral form on: \_\_\_\_\_

3. **Reasons for Lateness**

This referral is late because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Prospects of Success**

Applicant believes that he/she has good cause because (explain with good reasons why dismissal is unfair):

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5. **Prejudice**

As the applicant (employee), if condonation is not granted, I will be prejudiced because \_\_\_\_\_

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As the respondent (employer party), if condonation is not granted, I will be prejudiced because \_\_\_\_\_

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6. **General**

Any other relevant information: \_\_\_\_\_

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7. Note: - The respondent must, within 14 days of receipt of this affidavit from the applicant, file an affidavit opposing an application for condonation by applicant. The applicant has 7 days to file a replying affidavit.

8. The respondent must forward a copy of the affidavit to the other party, as well as to the Bargaining Council, within the stipulated fourteen days. Proof must be attached to show that the affidavit has been forwarded to the other party. This would be in form of either a registered slip, fax transmission slip or an affidavit of hand delivery.

\_\_\_\_\_  
Applicant

Signed before me on \_\_\_\_\_ at \_\_\_\_\_  
By the deponent who acknowledges that he/she knows and understands the contents of this affidavit, had no objection to taking the oath / affirmation and considers it binding on his/her conscience.

Commissioner of Oaths \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Capacity: \_\_\_\_\_