

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):

5. **Prejudice**

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

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

6. **General**

Any other relevant information: _____

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: _____

BARGAINING COUNCIL FOR THE MEAT TRADE GAUTENG
(LR2/6/6/136)

Private Bag X3060
Randburg, 2125
Tel : (011) 646 0290
Fax : (011) 646 3566
Email: bcmt@wadavidson.co.za

72A Oxford Road
Riviera
2193

TO THE BARGAINING COUNCIL FOR THE MEAT TRADE GAUTENG

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 Bargaining Council for the Meat Trade (responsible party) must use my/our information in the performance of its public duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the Bargaining Council for the Meat Trade Gauteng 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. Further details are available on the Bargaining Council for the Meat Trade website.

SIGNED AT _____ **ON THIS** _____ **DAY OF** _____ **20**_____

INITIAL AND SURNAME: _____

SIGNATURE: _____