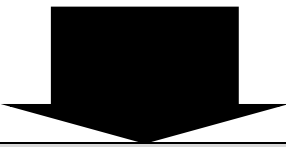


READ THIS FIRST



**PART A**  
**REFERRING A DISPUTE TO THE**  
**BARGAINING COUNCIL FOR MEAT TRADE GAUTENG**

A copy of this form must be served on the other party. Proof that a copy has been served on the other party must be attached, such as -

- 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 the service by the person delivering the form; or
- A copy of a fax confirmation slip; or
- A copy of an email confirmation slip ; or
- Any other satisfactory proof of service

**WHERE TO SEND THIS FORM TO:**

*Private Bag X3060  
Randburg  
2192*

Tel: (011) 646-0290  
Fax: (011) 646-3566  
[bcmt@wadavidson.co.za](mailto:bcmt@wadavidson.co.za)  
[corne@wadavidson.co.za](mailto:corne@wadavidson.co.za)

Tick the correct box

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.

Tick the correct box

**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 or employer

First Name(s).....  
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 corporation):  
Contact person: .....

**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.

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)?

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

If it is unfair dismissal dispute, tick the relevant box

- Misconduct
- Unknown Reasons
- Poor Work Performance
- Other
- Incapacity
- Constructive Dismissal
- Dismissal relates to probation

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

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

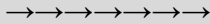
**5. DATE AND WHERE DISPUTE AROSE:**

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".

Special features might be a reason for the urgency of the matter, the large number of people involved, important legal or labour issues, etc.

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

**(a) Procedural Issues**

Was the dismissal procedurally unfair? Yes  No

If yes, why? .....

**(b) Substantive Issues**

Was the reason for the dismissal unfair? Yes  No

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

- |                                    |                                     |                                                           |
|------------------------------------|-------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> isiNdebele | <input type="checkbox"/> isiZulu                          |
| <input type="checkbox"/> Sepedi    | <input type="checkbox"/> Sesotho    | <input type="checkbox"/> Setswana                         |
| <input type="checkbox"/> Tshivenda | <input type="checkbox"/> Xitsonga   | <input type="checkbox"/> Other ( <i>please indicate</i> ) |

**11. SPECIAL FEATURES / ADDITIONAL INFORMATION**

Briefly outline any special features / additional information Sarpbac needs to note:.....

.....  
.....

**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)

**12. CONFIRMATION OF ABOVE DETAILS**

**Form submitted by:**

.....

**(Please print name)**

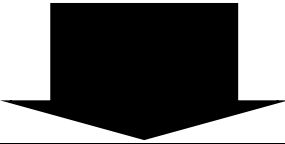
**Signature:** .....

**Position:** .....

**Date:** .....

**Place:** .....

READ THIS FIRST



**PART B**  
**TO BE COMPLETED FOR DISMISSAL DISPUTES ONLY**  
**BARGAINING COUNCIL FOR MEAT TRADE GAUTENG**

Dismissal disputes must be referred within 30 days of dismissal. If the dismissal was more than 30 days ago, you are required to apply for condonation on section C of this form.

**COMMENCEMENT OF EMPLOYMENT**

When did you start working at the company?.....

**NOTICE OF DISMISSAL**

When were you dismissed (date)? .....

Tick the correct box

How were you informed of your dismissal?

In writing     Orally

Other (please describe) .....

**REASON FOR DISMISSAL**

Why were you dismissed?

Misconduct

Incapacity

Operational Requirements(Retrenchment)

Unknown

Constructive

Other (please describe) .....

4. WAS THE DISMISSAL RELATED TO PROBATION     Yes     NO

5. FAIRNESS/UNFAIRNESS OF DISMISSAL

a. Procedural Issues

Was the dismissal procedurally unfair?

YES     NO

If yes, why?

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

b. Substantive Issues

Was the reason for the dismissal unfair?     YES     NO

If yes, why

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

Tick the correct box