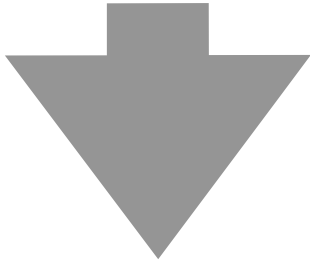


LRA Form 7.13
Section 133
Labour Relations Act,
1995

REQUEST FOR ARBITRATION



Read This First



WHAT IS THE PURPOSE OF THIS FORM?

If conciliation fails, a party may request that the Building Industry Bargaining Council resolve the dispute by arbitration.

WHO FILLS IN THIS FORM?

The party requesting the arbitration

WHERE DOES THIS FORM GO?

To the Secretary of the Building Industry Bargaining Council.

This should be the same office, which conducted the conciliation

1. DETAILS OF PARTY REQUESTING ARBITRATION

Name & Surname / Union:

Address:

.....

.....

Tel: Fax:

Cell: Email:

2. DISPUTE DETAILS

Case Reference Number:

The case between

and

was referred for conciliation but remains unresolved.

The certificate confirming the failure of conciliation is attached.

The issues in dispute are

.....

.....

.....

.....

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

BIBC Ref. 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.
- A copy of an email 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.

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. DETAILS OF THE OTHER PARTY

Name of Company.....
 Contact Person
 Address
Code.....
 Tel: Fax:
 Cell:Email:
 The commissioner may require a more detailed statement of case later.

4. OUTCOME REQUIRED:

.....

5. CONFIRMATION OF ABOVE DETAILS:

Form submitted by (name):
 Signature:
 Date:
 Place:

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

6. INFORMING THE OTHER PARTY

If the LRA Form 7.13 (Request for Arbitration) is delivered by hand, complete the following:

Applicant:

Respondent:

LRA Form 7.13 was received by:
(Print name)

..... (signature)

On..... (date)

7. If delivered by hand and written acknowledgement of receipt was not obtained, leave a copy with the employer, and complete the Affidavit below, ensure that it is signed in the presence of a Commissioner of Oaths.

AFFIDAVIT

I,..... the undersigned, an adult person

ID Nodo hereby declare under oath that:

I deliver by hand a copy of the Request for Arbitration to

..... (Name of respondent)

At (address)

On(date of delivery) and that I was unable to obtain written acknowledgement of receipt therefore.

Signature of applicant:

Signed before me on this day of..... 20.....

at

Commissioner of Oaths: (Name)(Signature)

Capacity: