

REQUEST FOR ARBITRATION

READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

If conciliation fails, a party may request that the General Secretary of the ELRC resolve the dispute by arbitration.

WHO FILLS IN THIS FORM?

The party requesting the arbitration

WHERE DOES THIS FORM GO?

To the General Secretary of the ELRC

1. DETAILS OF PARTY REQUESTING ARBITRATION

Name :

.....

Persal No.

Post No.

Postal Address:.....

.....

.....

Tel:..... Fax:.....

Cell:.....Email:.....

2. DISPUTE DETAILS

Case Reference Number:

The case betweenand
(party) (other party)

was referred for conciliation, but remains unresolved

The certificate confirming the failure of conciliation is attached

In terms of Clause of the Negotiation, Consultation and Dispute Resolution Procedures, I / we now request that the matter be resolved through arbitration.

The issues in dispute are

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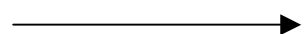
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(Give a brief description. The panellist may require a more detailed statement of case later)

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; or
- Any other satisfactory proof of service.

The certificate confirming that the dispute was unresolved through conciliation must also be attached to this form.

If a party wants a senior panellist to arbitrate they must fill in Form ELRC E9.

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. WHAT DECISION WOULD YOU LIKE THE PANELLIST TO MAKE:

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The panellist may require a more detailed statement of case later.

4. CONFIRMATION OF ABOVE DETAILS:

Form submitted by(name):.....

Signature:.....

Designation:

Date:

Place:

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

5. DETAILS OF OTHER PARTY

Name :

Designation:.....

Postal Address:

.....

.....

Tel:..... Fax:.....

Cell:..... Email:.....

6. DETAILS OF OTHER AFFECTED PARTY

Name :

Persal No.

Post No.

Postal Address:

.....

.....

Tel:..... Fax:.....

Cell:..... Email:.....