

READ THIS FIRST



**WHAT IS THE PURPOSE OF THIS FORM?**

This form enables a party to initiate a section 189A facilitation process.

**WHO FILLS IN THIS FORM?**

- An employer who employs more than 50 employees and is contemplating dismissing one or more employees for reasons based on the employer's operational requirements; or
- Consulting parties representing the majority of employees whom the employer contemplates dismissing.

**WHERE DOES THIS FORM GO?**

The Registrar, Provincial Office of the CCMA in the province where the dismissals for operational requirements is contemplated. See details on this page.

**WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?**

When you request facilitation the CCMA will appoint a facilitator to assist the parties engaged in consultation process.

**PROVINCIAL OFFICES OF THE CCMA**

**CCMA EASTERN CAPE**

107 Govan Mbeki Street  
**PORT ELIZABETH**  
Private Bag X22500, PORT ELIZABETH  
6000  
Tel: (041) 505 4300  
Fax: (041) 586-4585  
Email: [PE@ccma.org.za](mailto:PE@ccma.org.za)

**CCMA NORTH WEST PROVINCE**

CCMA House 47 Siddle Street,  
**KLERKSDORP**  
Private Bag X5004, KLERKSDORP, 2571  
Tel: (018) 464-0700  
Fax: (018) 462-4126  
Email: [KDR@ccma.org.za](mailto:KDR@ccma.org.za)

**CCMA FREE STATE**

NBS Building,  
Cnr Elizabeth & Westburger Street  
**BLOEMFONTEIN**  
Private Bag X20705, BLOEMFONTEIN,  
9300  
Tel: (051) 505-4400  
Fax: (051) 448-4468/9  
Email: [BLM@ccma.org.za](mailto:BLM@ccma.org.za)

**CCMA NORTHERN CAPE**

CCMA House, 1A Bean Street  
**KIMBERLEY**  
Private Bag X6100, KIMBERLEY, 8300  
Tel: (053) 831-6780  
Fax: (053) 831-5947/8  
Email: [KMB@ccma.org.za](mailto:KMB@ccma.org.za)

**CCMA GAUTENG**

CCMA House, 20 Anderson Street,  
JOHANNESBURG  
Private Bag X94, MARSHALLTOWN, 2107  
Tel: (011) 377-6600  
Fax: (011) 377-6678/58/80  
Email: [GAUTENG@ccma.org.za](mailto:GAUTENG@ccma.org.za)

**CCMA LIMPOPO**

104 Hans van Rensburg Street,  
**POLOKWANE**, 0699  
Private Bag X9512, POLOKWANE 0700  
Tel: (015) 297-5010  
Fax: (015) 297-1649  
Email: [PTB@ccma.org.za](mailto:PTB@ccma.org.za)

**CCMA KWAZULU NATAL**

Garlicks Chambers, 61 Field Street,  
**DURBAN**  
Private Bag X54363, Durban 4000  
Tel: (031) 362 - 2300  
Fax: (031) 306-5402  
Email: [KZN@ccma.org.za](mailto:KZN@ccma.org.za)

**CCMA WESTERN CAPE**

CCMA House, 78 Darling Street,  
**CAPE TOWN**  
Private Bag X9167, Cape Town, 8000  
Tel: (021) 469-0111  
Fax: (021) 465-7197 or 465-7193  
Email: [CTN@ccma.org.za](mailto:CTN@ccma.org.za)

**CCMA MPUMALANGA**

CCMA House, Eadie Street  
**WITBANK**  
Private Bag X7290, WITBANK 1035  
Tel: (013) 656-2800  
Fax: (013) 656-2885/6  
Email: [WTB@ccma.org.za](mailto:WTB@ccma.org.za)

**READ THIS FIRST**



Tick the correct box

**OTHER PARTIES**

If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate piece of paper and attach details to this form.

**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.

**CHECK!**

Have you attached proof that this form has been served on the other party?  
Does the employer employ more than 50 employees?

**1. DETAILS OF PARTY REQUESTING FACILITATION**

Employer  Party representing majority of employees

Postal Address:.....

..... Postal Code: .....

Contact Person: .....

Tel:..... Cell:.....

Fax:..... Email: .....

**2. DETAILS OF THE OTHER PARTY**

Name: .....

Postal Address:.....

..... Postal Code: .....

Contact Person: .....

Tel:..... Cell:.....

Fax:..... Email: .....

**3. HOW MANY EMPLOYEES DOES THE EMPLOYER EMPLOY?.....**

**4. HOW MANY EMPLOYEES ARE LIKELY TO BE AFFECTED BY THE PROPOSED RETRENCHMENT? .....**

**5. HOW MANY EMPLOYEES HAS THE EMPLOYER DISMISSED FOR OPERATIONAL REQUIREMENTS IN THE PAST 12 MONTHS? .....**

**6. ATTACH THE SECTION 189(3) NOTICE ISSUED BY THE EMPLOYER TO THIS FORM**

Please turn over



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

**10. SPECIAL FEATURES / ADDITIONAL INFORMATION**

Briefly outline any special features / additional information the CCMA needs to note:

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**11. PLACE OF FACILITATION**

Please select where you would like the facilitation to take place:

- CCMA Office
- Employer Premises

If you select employer premises, please provide address of employer premises

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**12. CONFIRMATION OF ABOVE DETAILS:**

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

Signature:.....

Position:.....

Date:.....

Place:.....