

LRA Form 7.19  
Section 188A  
Labour Relations Act, 1995

# REQUEST FOR INQUIRY BY ARBITRATOR



Read This First



### WHO FILLS IN THIS FORM?

An employer requesting an inquiry.

### WHERE DOES THIS FORM GO?

To the Registrar, Regional Office of the CCMA.

## 1. DETAILS OF EMPLOYER REQUESTING AN INQUIRY

Name:.....

(If company or close corporation, the name of the company or close corporation)

Surname (if applicable):.....

Postal Address:.....

..... Code:.....

Physical Address:.....

..... Code:.....

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

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

Company or close corporation registration number:.....

If a Temporary Employment Service (TES) is involved, the name of the TES:

.....

Number of employees employed by the employer:.....

## 2. EMPLOYEE DETAILS

Name:.....

Surname:.....

Length of service:..... ID Number:.....

Salary Gross:..... Salary Net:.....

Gender (M/F):..... Age:..... Nationality.....

Postal Address:.....

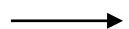
..... Code:.....

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

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

Case Number.....

Please turn over.....



**CONSENT**

An inquiry may only be conducted with the consent of the employee, or in accordance with a collective agreement, or where an employee, earning more than the threshold, has consented to the holding of the inquiry in a contract of employment.

**FEES PAYABLE**

Proof of payment of the prescribed fee must accompany this form.

Payment may only be made by:

- Bank guaranteed cheque;
- Direct electronic payment into the CCMA's bank account.

Please contact the CCMA Regional Office for details.

**3. ALLEGATIONS ABOUT CONDUCT OR CAPACITY**

Attach a copy of the allegations (charges) against the employee to this form.

**4. CONFIRMATION AND CONSENT TO INQUIRY**

I .....  
(Name of Employee)

confirm that I have been advised of the allegations against me; and

- (a) I consent to the process; or
- (b) am bound by a collective agreement providing for the inquiry. A copy of the collective agreement is attached; or
- (c) I earn more than the threshold and have consented to the process in my contract of employment. A copy of the contract of employment is attached hereto.

.....  
**EMPLOYEE SIGNATURE**

**5. PAYMENT OF FEES:**

Proof of payment of the prescribed fee is attached.

**6. PLACE OF HEARING**

Please select where you would prefer the inquiry to take place:

- a. **CCMA Office**
- b. **Employer Premises**

If you select employer premises, please provide physical address of employer's premises

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

Please turn over



**OTHER INSTRUCTIONS**

A copy of this form has been served on the other party.

Proof that a copy of this form has been served on the other party must be supplied by attaching any of the following:

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

The CCMA may be requested to assist with service.

**7. INTERPRETER SERVICES**

Is an interpreter required at the inquiry? **Yes / No**

If yes, please indicate for what language:

- |  |                                     |                                      |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Afrikaans     | <input type="checkbox"/> IsiNdebele | <input type="checkbox"/> IsiZulu     |
| <input type="checkbox"/> IsiXosa       | <input type="checkbox"/> Sepedi     | <input type="checkbox"/> SeSotho     |
| <input type="checkbox"/> Setswana      | <input type="checkbox"/> IsiSiswati | <input type="checkbox"/> Xitsonga    |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Tshivenda  | <input type="checkbox"/> Other ..... |

**8. CONFIRMATION OF ABOVE DETAILS:**

Form submitted by:

.....  
(please print name)

Signature:.....

Position: .....

Date: .....

Place: .....



**COMMISSION FOR CONCILIATION,  
MEDIATION & ARBITRATION**

**TO THE CCMA**

**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 CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of 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 CCMA website.

**SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 202\_\_**

**INITIAL AND SURNAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_