

CMAC Form 15

Section 17(6)
Industrial Relations
Act 2000 (as amended)

**APPLICATION TO VARY /
RESCIND AN ARBITRATION
AWARD**



READ THIS FIRST

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

This form is an application by a party who has received an arbitration award and wants the award to be varied or rescinded as stated in the CMAC rules Section 35.

**WHO FILLS IN THIS
FORM?**

Any party who wants to have an arbitration award varied or rescinded.

**WHERE DOES THIS
FORM GO?**

To the CMAC office where the arbitration was held.

**OTHER
INSTRUCTIONS?**

1. Application should be made within a period of 14 days after you have knowledge of the arbitration award.
2. A copy of the application must be served to the other party of the dispute.
3. Original copy of application must be filed with the Commission
4. The Commission may upon receipt vary/rescind with or without inviting the parties to appear before it.
5. The decision of the Commission to vary/rescind or not to vary/rescind an arbitration award

CMAC REF:

DATE:

1. DETAILS OF PARTY APPLYING

Name:.....

Postal Address:

.....

.....

Tel:Fax:.....

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

2. DISPUTE DETAILS

The case betweenand.....

was referred to arbitration and an award was issued out in terms of section 85(2 & 3) of the Industrial Relations Act 2000 (as amended).

In terms of section 17(6) (a-c) of the IR Act, I/We now request that the award be for the following reasons;

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3. DETAILS OF OTHER PARTY

Name:.....

Postal Address:.....

.....

<p>shall be final.</p> <p>6. Proof of service to the other party must be submitted to the Commission together with the original.</p>	<p>.....</p> <p>Tel:.....Fax:.....</p> <p>Cell:.....Email.....</p> <p>4. CONFIRMATION OF ABOVE DETAILS:</p> <p>Form submitted by (name):.....</p> <p>Signature:.....</p> <p>Designation:.....</p> <p>Date:.....</p> <p>Place:.....</p>
<p>To be signed by person who receives form if hand delivered. Person who receives form must be 16 years or above.</p>	<p>Received copy hereof on this _____ day of _____ 20_____</p> <p>Full Name:.....</p> <p>Capacity :.....</p>
<p>FOR OFFICIAL USE</p>	<p>Form Received By:..... CMA REF #:.....</p> <p>Date Received:.....</p>