

**CMAC Form7
Section 81(9)
Industrial Relations
Act 2000
(As Amended)**

**APPLICATION FOR RESCISSION OF
DEFAULT
JUDGMENT/REJECTION**



READ THIS FIRST

WHAT IS THE PURPOSE OF THIS FORM?

This form is an application by a party who failed to attend conciliation when he was invited to do so by CMAC resulting in the matter being referred to arbitration by the Commissioner and default judgment granted against that absent party. The application is to the Executive Director and it is to have the default judgment reversed.

WHO FILLS IN THIS FORM?

The party who failed to attend the conciliation. That party must only apply for rescission if he/she has a reasonable excuse which made him/her fail to attend the conciliation.

WHERE DOES THIS FORM GO?

To the CMAC office where the conciliation was due to be held.

OTHER INSTRUCTIONS?

A copy of this form must be served on the other party to the dispute together with an affidavit.

Proof that a copy of this form has been served on the other party could be:

- a copy of a registered slip from the Post Office;
- a copy of a signed receipt if

CMAC REF: **DATE:**

1. DETAILS OF PARTY APPLYING FOR RESCISSION

Name:.....

Postal Address:

.....

.....

Tel:Fax:.....

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

2. DISPUTE DETAILS

The case betweenand.....

was decided by default judgment in terms of Section 81(7)(b)

of the Industrial Relations (Amendment) Act, 2000 against

.....

on theday of20..... by reason of failure

to attend the conciliation meeting. The default judgment is attached.

In terms of Section 81(9) of the Act I/we now request that the

default judgment be rescinded for the following

Reasons:.....

.....

.....

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.....

<ul style="list-style-type: none"> ▪ hand delivered; a signed statement confirming service by the person who delivered the form; or ▪ a copy of a fax confirmation slip. ▪ Applicant to attach sworn affidavit substantiating the reason for failure to attend conciliation and why the rescission should be granted. 	<p>3. DETAILS OF OTHER PARTY</p> <p>Name:.....</p> <p>Postal Address:.....</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>The applicant/respondent would be required to submit a sworn affidavit replying to one received will form within 10 days of receiving of this form</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>