

**CMAC Form 8
Section 85(2) and (3)
Industrial Relations
Act 2000
(As Amended)**

REQUEST FOR ARBITRATION



READ THIS FIRST

WHAT IS THE PURPOSE OF THIS FORM?

If conciliation fails, the parties may agree to refer the dispute to arbitration under the auspices of CMAC. At an arbitration hearing a commissioner gives both parties an opportunity to fully state their case with supporting evidence, both documentary and oral. The commissioner then makes a decision which is final and which has the same status as a decision of the Court. It must be followed by both parties. You can not appeal against that decision but may only apply for its review.

WHO FILLS IN THIS FORM?

Both parties to the dispute must fill in this form.

WHERE DOES THIS FORM GO?

To the CMAC office in the region where the dispute was conciliated.

OTHER INSTRUCTIONS

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

CMAC REF. NO:

DATE:.....

1. DETAILS OF PARTIES REQUESTING ARBITRATION

APPLICANT:

Name:.....

Address:.....
.....

Telephone:Fax:.....

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

AND

RESPONDENT:

Name:.....

Address:.....
.....

Telephone:Fax:.....

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

2. DISPUTE DETAILS

The case betweenand.....
was referred to CMAC for conciliation, but remains unresolved.

The certificate confirming the failure of conciliation is attached.

In terms of Section 85(2) and (3) of the Act we now request that the matter be resolved through arbitration.

2. WHAT DECISION WOULD YOU LIKE COMMISSIONER TO MAKE:

2.1 DECISION PREFERRED BY APPLICANT:

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(Give a brief description of what decision you want arbitrator to make)

3.2 DECISION PREFERRED BY RESPONDENT:

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(Give a brief description of what decision you want arbitrator to make)

3. CONFIRMATION OF CONSENT TO ARBITRATION

We, the undersigned, hereby confirm that we are the parties to this dispute. We further confirm that we are fully aware of all the requirements for arbitration under the Industrial Relations Act, 2000 (as amended). We hereby agree and consent that the matter be arbitrated by the Commission in terms of the Act.

SIGNATURE OF APPLICANT:

DATE: **PLACE:**

SIGNATURE OF RESPONDENT:

DATE: **PLACE:**

CMAC REF #:

DATE RECEIVED :