

LRA Form 7.19  
Section 188A  
Labour Relations Act,  
1995

# REQUEST FOR PRE-DISMISSAL ARBITRATION



## Read This First



### WHO FILLS IN THIS FORM?

An employer requesting a pre-dismissal arbitration.

### WHERE DOES THIS FORM GO?

To the Registrar, Provincial Office of the CCMA. Please refer to the last page for details.

### CONSENT

A pre-dismissal arbitration may only be conducted with the consent of the employee, or where an employee earning more than R149.736 per annum has consented to the holding of the pre-dismissal arbitration in a contract of employment.

## 1. DETAILS OF EMPLOYER REQUESTING PRE-DISMISSAL ARBITRATION

Name : .....

Postal Address:.....

Contact Person:.....

Tel:..... Fax:.....

Cell:..... E-mail:.....

## 2. REQUEST DETAILS

The conduct of a pre-dismissal arbitration against .....

(Name of Employee)

for misconduct / incapacity.

Full name of employee : .....

Postal address: .....

Tel:..... Fax:.....

Cell:..... E-mail:.....

## 3. ALLEGATIONS ABOUT CONDUCT OR CAPACITY

Attach a copy of the charges to this form

## 4. CONFIRMATION AND CONSENT TO PRE-DISMISSAL ARBITRATION

I .....

(Name of Employee)

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

- (a) I consent to the process; or
- (b) I earn more than R149.736 per annum and have consented to the process in my contract of employment. A copy of the contract of employment is attached hereto.

.....  
**EMPLOYEES SIGNATURE**

.....  
**WITNESS**

Please turn over →

**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.

**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:

- 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.

Tick the correct box

**5. PAYMENT OF FEES:**

Proof of payment of the prescribed fee of R4 560 (R4 000 plus VAT) is attached.

**6. PLACE OF HEARING**

Please select where you would like the pre-dismissal arbitration hearing to take place:

- NBCRFLI Office**
- Employer Premises**

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

.....

.....

.....

.....

**7. SERVICES**

**(a) Interpretation Services**

Do you require an interpreter at the conciliation pre-dismissal arbitration?

- Yes**
- No**

If yes, please indicate for what language:

- Afrikaans
- IsiNdebele
- IsiZulu
- isiXhosa
- Sepedi
- Sesotho
- Setswana
- siSwati
- Tshivenda
- Xitsonga
- Other (**please indicate**).....

**(b) Other**

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

.....

.....

.....

**8. CONFIRMATION OF ABOVE DETAILS:**

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

Signature:.....

Position: .....

Date: .....

Place: .....

**Please turn over** →

## OFFICES OF THE NBCRFLI

### **NBCRFLI HEAD OFFICE – Johannesburg**

29 & 31 de Korte Street  
Braamfontein

#### **JOHANNESBURG**

Private Bag X69, Braamfontein, 2017

Tel: (011) 703 7000

Fax: (011) 403 1555/1726

### **NBCRFLI FREE STATE – Bloemfontein**

2nd Floor Room 208, 2 President Brand Street

#### **BLOEMFONTEIN**

PO Box 4485, Bloemfontein, 9300

Tel: (051) 448 9422

Fax: (051) 448 9480

### **NBCRFLI NORTHERN CAPE – Kimberley**

M Floor MBA Building 20, Currey Street

#### **KIMBERLEY**

PO Box 3000, Kimberley, 8300

Tel: (053) 831 6352

Fax: (053) 832 1081

### **NBCRFLI MPUMALANGA – Nelspruit**

2 Rothery Street, Cnr Rothery  
& Van Niekerk Street

#### **NELSPRUIT**

PO Box 1561, Nelspruit, 1200

Tel: (013) 752 7420

Fax: (013) 753 2326

### **NBCRFLI EASTERN CAPE – Port Elizabeth**

1st Floor, Fiveways Centre

62/64 Cape Road

#### **PORT ELIZABETH**

PO Box 20119, Humewood, 6013

Tel: (041) 374 1786/1859

Fax: (041) 374 1748

### **NBCRFLI MPUMALANGA – Witbank**

Ground Floor, B.F. Boshie House

10 Hofmeyer Street

#### **WITBANK**

PO Box 1731, Witbank, 1035

Tel: (013) 656 1503

Fax: (013) 656 1509

### **NBCRFLI WESTERN CAPE – George**

Ground Floor, Liberty Building

98 Meade Street

#### **GEORGE**

PO Box 9753, George, 6530

Tel: (044) 874 3098

Fax: (044) 874 4839

### **NBCRFLI KWAZULU-NATAL – Durban**

5th Floor, Old Mutual Building

300 Smith Street

#### **DURBAN**

Private Bag X54378, Durban, 4000

Tel: (031) 307 6070

Fax: (031) 307 6071

### **NBCRFLI KWAZULU-NATAL – Pietermaritzburg**

Shop 12A Polly Shortts Centre

1 Claveshay Road

Cleland

#### **PORT ELIZABETH**

PO Box 3653, Pietermaritzburg, 3200

Tel: (033) 396 5316

Fax: (033) 396 3948

### **NBCRFLI HEAD OFFICE – Pretoria**

401 Provisus Building, 523 Church Street

Arcadia

#### **PRETORIA**

PO Box 55625, Arcadia, 0007

Tel: (012) 440 8454

Fax: (012) 440 8453

### **NBCRFLI EASTERN CAPE – East London**

Suite 5, 1st Floor Norvia House, 34 Western Avenue

Vincent

#### **EAST LONDON**

PO Box 7075, East London, 5201

Tel: (043) 726 8525/8527

Fax: (043) 726 8531

### **NBCRFLI NORTH WEST – Klerksdorp**

Room 207 2nd Floor Jade

Square Corner Margaretha

Prinsloo & Oliver Thambo Avenue

#### **KLERKSDORP**

PO Box 10053, Klerksdorp, 2570

Tel: (018) 462 8311

Fax: (018) 462 8909

### **NBCRFLI LIMPOPO – Polokwane**

Suite 106 Forum Three

23B Thabo Mbeki Street

#### **POLOKWANE**

PO Box 3602, Polokwane, 0700

Tel: (015) 291 1533

Fax: (015) 291 2531

### **NBCRFLI NORTH WEST – Rustenburg**

1st Floor Room 103, Biblio Plaza Building

Corner Nelson Mandela & President Mbeki Roads

#### **RUSTENBURG**

PO Box 5010, Rustenburg, 0300

Tel: (014) 597 1320

Fax: (014) 597 1547

### **NBCRFLI WESTERN CAPE – Cape Town**

Absa Building, 141 Voortrekker Road

Corner Voortrekker Road & Van Eysen Street

Parow

#### **CAPE TOWN**

Private Bag X22, Parow, 7499

Tel: (021) 930 7720

Fax: (021) 930 6032

### **NBCRFLI WESTERN CAPE – Clanwilliam**

6 Main Road, Spar Complex

#### **CLANWILLIAM**

PO Box 205, Clanwilliam, 8135

Tel: (027) 482 1620

Fax: (027) 482 1920

### **NBCRFLI KWAZULU-NATAL – New Castle**

4th Floor Room 402, Old Mutual Building

Corner Scott & Voortrekker Streets

#### **NEW CASTLE**

PO Box 2604, New Castle, 2940

Tel: (034) 315 1207

Fax: (034) 312 9470

### **NBCRFLI KWAZULU-NATAL – Richards Bay**

2nd Floor Office 14, 7 Trinidad Parkade

Lakeview Terrace

#### **RICHARDS BAY**

PO Box 61, Richards Bay, 3900

Tel: (035) 789 3847

Fax: (035) 789 3849

NBCRFLI website address: [www.nbcrfli.org.za](http://www.nbcrfli.org.za)