



IN THE NATIONAL BARGAINING COUNCIL FOR THE ROAD FREIGHT AND LOGISTICS INDUSTRY

Reference No. _____

Applicant/s

Respondent/s

NOTICE OF APPLICATION FOR RESCISSION

Please take notice that the Applicant intends to apply for rescission of his/her/their ruling / arbitration award issued on a dateof month20__ .

An affidavit or statement in support of the application is attached hereto.

Also take notice that should the Respondent party wish to oppose the application, an answering affidavit or statement must be delivered to NBCRFLI and the Applicant 14 days after service of the application, failing which the application may be heard in the absence of the Respondent's affidavit. (NB: This application will be dealt with in terms of CCMA Rule 31).

Signed at _____ on: _____

Applicant/s details: _____

Address: _____

Tel: _____ Fax: _____

To: NBCRFLI
31 De Korter Street, Braamfontein, 2001
Private Bag X69, Braamfontein, 2017

And to: Respondent/s details:

Address: _____

Tel: _____ Fax: _____

NB: Please note that rescission application must be served on the employer party and furnish the NBCRFLI with proof of service thereof.

APPLICATION FOR RESCISSION IN RESPECT OF A RULING / ARBITRATION AWARD

REFERENCE NUMBER: _____

(Applicant/Employee)

and

(Respondent/Employer)

AFFIDAVIT

I, the undersigned,

(Full name of Employee/Employer)

do hereby make oath and say:

1. Background

1.1 Date of the application on: _____

1.2 Date of ruling / arbitration award on: _____

1.3 Ruling / Award issued by (name of Arbitrator) _____

1.4 The ruling / arbitration award came to my attention on _____

2. Reasons for Application

Summary: _____

3. Prospects of Success

Applicant believes that he/she has good cause because (explain with good reasons why dismissal is unfair) _____

4. Prejudice

As the applicant (employee), if rescission is not granted, I will be prejudiced because _____

As the respondent (employer), if rescission is granted, I will be prejudiced because _____

6. General

Any other relevant information _____

Applicant signature

Respondent signature

Signed before me on _____ at _____

by the deponent who acknowledges that he/she knows and understands the contents of the affidavit, has no objection to taking the oath / affirmation and considers it binding on his/her conscience.

Commissioner of Oaths _____

Name _____

Address _____

Capacity _____