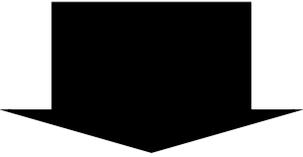


<p>NBCRFLI FORM</p> 	<p>PART A REFERRING A DISPUTE TO THE NBCRFLI FOR CONCILIATION</p>	 <p>NBCRFLI <small>National Bargaining Council for the Road Freight and Logistics Industry</small> Your Road Freight Partner.</p>
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WHO FILLS IN THIS FORM?

Employer, employee, trade union or employer's organisation.

WHERE DOES THIS FORM GO?

NATIONAL BARGAINING COUNCIL FOR THE ROAD FREIGHT AND LOGISTICS INDUSTRY (NBCRFLI) OFFICES:

Head Office

29/31 De Korte Street
Private Bag X69
Braamfontein
2017

Tel: (011) 703-7000
Fax: (011) 403-1644/2029
Email: disputes.ho@nbcffi.co.za

Gauteng

29/31 De Korte Street
Private Bag X69
Braamfontein
2017

Tel: (011) 703-7000
Fax: (011) 403-4379/2060
Email: disputes.gauteng@nbcffi.co.za

Cape Town

Absa Building
141 Voortrekker Street
Parow
7499

Tel: (021) 930-7720
Fax: (021) 930-6032
Email: disputes.cpt@nbcffi.co.za

KwaZulu Natal

5th Floor
Old Mutual Building
300 Smith Street
4000

Tel: (031) 307-6070
Fax: (031) 307-6071
Email: disputes.kzn@nbcffi.co.za

WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?

When you refer the dispute to the NBCRFLI, it will appoint a panelist from the NBCRFLI panel who will attempt to resolve the dispute. If the parties to the dispute have agreed on a particular NBCRFLI panelist, the NBCRFLI will appoint that panelist (provided the panelist is available).

OTHER INSTRUCTIONS

Please note that the following disputes must be forwarded directly to the CCMA, and cannot be dealt with by a bargaining council in terms of the Labour Relations Act, 66 of 1995 ("the LRA"):

- Disclosure of information (Sections 16 and 89 of the LRA)
- Organisational rights (Chapter III part A of the LRA)
- Agency shop disputes (Section 25 of the LRA)
- Closed shop disputes (Section 26 of the LRA)
- Interpretation or application of collective bargaining provisions (Section 63 (1) of the LRA)
- Picketing disputes (Section 69 of the LRA)
- Workplace forum disputes (Sections 86 and 94 of the LRA)
- Facilitation – Operational Requirements (Section 189A of the LRA)

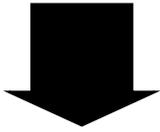
FURTHER OTHER INSTRUCTIONS

A copy of this form must be 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 affidavit confirming service by the person delivering the form;
- A copy of a fax confirmation slip; or
- Any other satisfactory proof of service.

READ THIS FIRST



Tick the correct box

The name of the employee or an employer that is referring the dispute must be filled in (a). If there is more than one employee to the dispute and the referring party is not a trade union, then each employee must supply their personal details and signature on a separate page, which must be attached to this form.

These alternate contact details should be of a union official or representative, a relative or a friend.

The name of the trade union or employer's organisation that is referring the dispute or assisting a member to refer a dispute must be filled in (b).

OTHER PARTIES

If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate page and attach this page to this form.

Tick the correct box

1. DETAILS OF PARTY REFERRING THE DISPUTE

As the referring party, are you:

- An employee
- A trade union (admitted to the NBCRFLI)
- A trade union (not admitted to the NBCRFLI)
- An employer
- An employers' organisation (admitted to the NBCRFLI)
- An employers' organisation (not admitted to the NBCRFLI)

(a) Name and details of the referring party :

Name:.....

Surname:.....

Length of service..... ID Number:.....

Salary Gross.....Salary Net.....

Gender(M/F).....Age.....Nationality.....

Postal Address:.....

.....Postal Code:.....

Tel:.....Cell:.....

Fax:..... Email:

(b) Alternate contact details of the referring party:

Name:.....

Postal Address:.....

.....Postal Code:.....

Tel:.....Cell:.....

Fax:..... Email:

2. DETAILS OF THE OTHER PARTY WITH WHOM YOU ARE IN DISPUTE

The other party is:

- An employee
- A trade union (admitted to the NBCRFLI)
- A trade union (not admitted to the NBCRFLI)
- An employer
- An employers' organisation (admitted to the NBCRFLI)
- An employers' organisation (not admitted to the NBCRFLI)

Name:.....

Postal Address:.....

.....Postal Code:.....

Tel:.....Cell:.....

Fax:..... Email:

If a Temporary Employment Services(TES) is involved, the name of the TES:

Number of the employees employed by the employer.....

Please turn over

Tick the correct box

If the dispute concerns dismissal, also complete Part B (See Page 5) of this form.

This section must be completed!

If necessary write the details on a separate page and attach to this form.

UNFAIR LABOUR PRACTICE

If the dispute(s) concerns an unfair labour practice the dispute must be referred (ie. received by the NBCRFI) within 90 days of the act or omission which gave rise to the unfair labour practice. If more than 90 days have elapsed you are required to apply for condonation.

3. NATURE OF THE DISPUTE

What is the dispute about (tick only one box)?

- | | | |
|--|--|---|
| <input type="checkbox"/> Unfair dismissal | <input type="checkbox"/> Unfair Labour Practice (Give details) | <input type="checkbox"/> Refusal to Bargain |
| <input type="checkbox"/> Mutual Interest | <input type="checkbox"/> Unfair Labour Practice (probation) | <input type="checkbox"/> Freedom of Association |
| <input type="checkbox"/> Unilateral change to terms and conditions of employment | <input type="checkbox"/> Severance pay S41 BCEA | <input type="checkbox"/> Freedom of Association |
| <input type="checkbox"/> Interpretation/ Application of Collective Agreement | <input type="checkbox"/> S198 LRA | <input type="checkbox"/> S198A LRA(Labour Broker) |
| <input type="checkbox"/> S198C(Part time-Employment) | | |
| <input type="checkbox"/> S198B(Fixed Term Contract) | | |

Summarise the facts of the dispute you are referring:

.....

.....

4. DATE DISPUTE AROSE

The dispute arose on:
(give the date, day, month and year)

The dispute arose where:
(give the city/town in which the dispute)

If the dispute concerns a dismissal, the date inserted here must be the same as that set out in Item 2 of Part B of this form.

5. DETAILS OF DISPUTE PROCEDURES FOLLOWED

Have you followed all internal grievance / disciplinary procedures before coming to the NBCRFI? YES NO

Describe the procedures followed:.....

.....

.....

.....

6. RESULT OF CONCILIATION

What outcome do you require?.....

.....

.....

Please turn over

Tick the correct box

Parties may, at their own cost, bring interpreters for languages other than the official South African languages. Please indicate this under 'other'

Special features might be the urgency of the matter, the large number of people involved, important legal or labour issues etc.

Only fill this in if this is a dispute about unilateral change to terms and conditions of employment.

7. SECTOR

Indicate the sector or service in which the dispute arose.

Road Freight

Other (*please prescribe*)

8. INTERPRETATION SERVICES

Do you require an interpreter at the conciliation?

YES

NO

If yes, please indicate for what language below:

Afrikaans

isiNdebele

isiZulu

isiXhosa

Sepedi

Sesotho

Setswana

siSwati

Tshivenda

Xitsonga

Other (*please indicate*).....

9. SPECIAL FEATURES / ADDITIONAL INFORMATION

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

.....
.....
.....

10. DISPUTE ABOUT UNILATERAL TO TERMS AND CONDITIONS OF EMPLOYMENT (S64(4))

I/We require that the employer party not implement unilaterally the proposed changes that led to this dispute for 30 days, or that it restore the terms and conditions of employment that applied before the change.

Signed: (*Employee party referring the dispute*)

11. CONFIRMATION OF ABOVE DETAILS

Signature of party referring the dispute:

Signed at.....on this
(place) (date)

PART B
ADDITIONAL FORM FOR DISMISSAL
DISPUTES ONLY



DATE OF REFERRAL

Dismissal disputes must be referred (i.e. received by the NBCRFLI) within **30 days** of dismissal or, if it is a later date, within 30 days of the employer making a final decision to dismiss or to uphold the dismissal. If more than 30 days has elapsed since the date of your dismissal, you are required to apply for condonation.

Tick the correct box

Tick the correct box

If necessary write the details on a separate page and attach to this form.

1. COMMENCEMENT OF EMPLOYMENT

When did you start working at the company?

2. NOTICE OF DISMISSAL

When were you dismissed (date)?

How were you informed of your dismissal?

In writing

Orally

Other (*please describe*)

3. REASON FOR DISMISSAL

Why were you dismissed?

Misconduct

Incapacity

Operational Requirements
(Retrenchment)

Unknown

Constructive

Other (*please describe*)

4. WAS THE DISMISSAL RELATED TO PROBATION Yes NO

5. FAIRNESS/UNFAIRNESS OF DISMISSAL

a. Procedural Issues

Was the dismissal procedurally unfair?

YES

NO

If yes, why?

.....

b. Substantive Issues

Was the reason for the dismissal unfair?

YES

NO

If yes, why

.....

