

APPLICATION FOR CONDONATION IN RESPECT OF UNFAIR DISMISSAL DISPUTE

			Case Number:	
			(Applicant/Employee)	
			and	
			(Respondent/Employer)	
			AFFIDAVIT	
, the	undersi	gned,	(full name of Applicant/Respondent)	
do he	ereby ma	ake oath	and say:	
۱.	Background			
	1.1	Applica	ant was dismissed on	
	1.2	Respo	ndent refused to reinstate applicant on	
	1.3		spute arose on	
2.	Degr	ee of Lat	teness	
	2.1	The re	ferral isdays late.	
	2.2 Applicant did the following to pursue his/her rights after his/her dis		ant did the following to pursue his/her rights after his/her dismissal:	
		2.2.1	Applicant went to his/her union / Department of Employment and Labour / Community Advice Centre Legal Advice Centre (delete whichever is not applicable) on	
		2.2.2	Applicant telephoned	
		0.00	On	
	_	2.2.3	Applicant signed the referral form on	
3.	Reas	ons for I	Lateness	
	The r	eason/s t	that applicant referred the matter late is	

4.	Prospects of Success
	Applicant believes that he/she has good cause because (explain with good reasons why dismissal is unfair)
5.	Prejudice As the applicant (employee), if condonation is not granted, I will be prejudiced because
	As the respondent (employer), if condonation is granted, I will be prejudiced because
6.	General Any other relevant information
7.	The respondent must, within 14 days of receipt of this affidavit from the applicant, file an affidavit opposing an application for condonation by the applicant.
8.	The respondent must forward a copy of the affidavit to the other party, as well as to the NBCRFLI, within the stipulated 5 days. Proof must be attached to show that the affidavit has been forwarded to the other party. This would be in the form of either a registered slip, fax transmission slip or an affidavit of hand delivery.
9.	By completing this application form, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that by completing this application form, my/our personal information may be used for the lawful and reasonable purposes in as far as the NBCRFLI (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the NBCRFLI must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available. Further details are available on the NBCRFLI website
Applic	ant Respondent
	d before me onat

the oath/affirmation and considers it binding upon his/her conscience.

Commissioner of Oaths
Name
Address
Canacity