

CERTIFICATE OF OUTCOME OF DISPUTE REFERRED TO CONCILIATION

CASE NUMBER: _____

I certify that the dispute between:

_____ and _____

(referring party)

(other party/parties)

Referred to conciliation on:

(give date)

Concerning _____

☐ Was resolved on the _____ or ☐ Remains unresolved as at _____
(give date) (give date)

Condonation:

Granted

Not applicable

If this dispute remains unresolved, the
following steps may be taken

Refer to
Arbitration

Refer to interest /
Advisory
Arbitration

Strike/
Lockout

Refer to
Labour
Court



Name of Commissioner

Signature of Commissioner

Place

Date



COMMISSION FOR CONCILIATION, MEDIATION & ARBITRATION

TO THE CCMA

PROTECTION OF PERSONAL INFORMATION ACT, 4 OF 2013

By signing this referral form, I/we hereby grant my/our 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 my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (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 CCMA 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 CCMA website.

SIGNED AT _____ ON THIS _____ DAY OF _____ 202__

INITIAL AND SURNAME: _____

SIGNATURE: _____