

REFERRAL OF COST DISPUTE



READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

To request the determination of a dispute arising from an award of costs.

WHO FILLS IN THE FORM?

The party requesting the determination.

WHERE DOES THE FORM GO?

To the Registrar at the Regional Office of the CCMA where the cost order was made.

RELEVANT DOCUMENTATION

Any relevant documentation must be attached to this form.

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 any of the following:

- A copy of a registered slip from the Post Office; or
- A copy of a signed receipt if hand delivered; or
- A signed statement confirming service by the person delivering the form; or
- A copy of a fax confirmation slip; or
- A copy of an email confirmation slip or sent email; or
- Any other satisfactory proof of service.

The CCMA may be requested to assist with service.

1. DETAILS OF PARTY REQUESTING DETERMINATION:

Name:.....

Postal Address:.....

.....Code:.....

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

Fax:..... Email:

Contact person:.....

2. DETAILS OF OTHER PARTY

Name:.....

Postal Address:.....

.....Code:.....

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

Fax:..... Email:

Contact person:.....

3. NATURE OF DISPUTE:

.....
.....

4. RESULT REQUIRED:

5. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:

.....
(please print name)

Signature:.....

Position:

Date:

Place:

Case Number.....



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: _____