

APPLICATION TO CERTIFY BARGAINING COUNCIL AWARD



READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

This form requests the Director or delegated Commissioner of the CCMA to certify that an award issued under the auspices of a Bargaining Council is an award issued by a Bargaining Council Arbitrator.

If the party against whom an award was made does not comply with an award that has been certified, the award may be enforced. This is done by -

- obtaining a copy of the arbitration award;
- obtaining proof of service of the award on the other party from the relevant Bargaining Council;
- attaching a copy of the arbitration award and proof of service to this form;
- the applicant or a duly authorised representative completing part 1 of this form;
- making an oath before a Commissioner of Oaths;
- submitting the form to the General Secretary of the relevant Bargaining Council for certification by the Director of the CCMA.

WHO FILLS IN PART 1 OF THIS FORM?

A party applying to have an arbitration award certified must complete Part 1. The applicant must state whether it is the referring party or the other party in the matter. If the party is a legal person, trade union, employer's organisation or company, the form must be completed by a duly authorised representative.

IN THE BARGAINING COUNCIL OF:.....

In the matter between:

..... REFERRING PARTY

and

.....OTHER PARTY

PART 1: APPLICATION IN TERMS OF SECTION 143 OF THE ACT

I, the undersigned:

.....
(name)

do hereby make oath and say:

1. I am/representthe referring /
other party (delete whichever is not applicable) in the matter referred to
above (referred to in this document as 'the applicant').

2. On (date)
Arbitrator
made an arbitration award (referred to in this document as 'the
award') in favour of the applicant. A copy of the award is attached to
this form.

3. The award was served on the party against whom the award was
made (referred to in this document as 'the other party') on
(date).....

A copy of the proof of service is attached to this form.

Case Number.....

Please turn over..... →

"Deponent" refers to the applicant. The completed affidavit should only be signed by the applicant in the presence of the Commissioner of Oaths.

A Commissioner of Oaths must complete this section in the presence of the Deponent.

**THE FOLLOWING DOCUMENTS
MUST BE ATTACHED TO THIS
FORM**

- A copy of the Commissioner's award.
- Proof that the award was served on the other party.

4. To date the other party has not complied with the award.

5. Application is hereby made for the Award to be certified by the Director in terms of section 143(3) of the Act.

.....
DEPONENT

I HEREBY CERTIFY that the deponent has acknowledge that he/she knows and understands the contents of the affidavit which was signed and sworn to before me at.....
on (date),
the regulations contained in Government Notices R1258 and R1648 having been complied with.

.....
COMMISSIONER OF OATHS

Please turn over..... →

THE STATUS OF A CERTIFIED AWARD

In terms of sections 143(1) and (3) of the Act, an arbitration award that has been certified by the Director may be enforced. Section 51(8) provides that section 143 applies to arbitrations conducted by bargaining councils unless a collective agreement concluded by the council provides otherwise.

A certified award may be enforced against a party that does not comply with the award by-

- In the case of an award ordering the payment of money, execution against the property of that party by the Sheriff of the Court;
- In the case of any other award, contempt of court proceedings in the Labour Court.

A party who wishes to have the Sheriff execute against the other party's property, must deliver the original of this document and the certified award to the Deputy Sheriff in the Magisterial District where the other party resides.

CHECK!

Have you attached a copy of the arbitration award and proof that the award was served on the other party?

PART 2

AFFIDAVIT BY REPRESENTATIVE OF BARGAINING COUNCIL

I, the undersigned

do hereby make oath and say:

1. I am the of the Bargaining Council.
2. The arbitration referred to above was conducted under the auspices of this Bargaining Council.
3. A copy of the award was served on the other party on (date)

Proof of service is attached to this form.

4. The Bargaining Council has not concluded a collective agreement excluding the application of section 143 of the Labour Relations Act.

DEPONENT

I HEREBY CERTIFY that the deponent has acknowledged that he/she knows and understands the contents of this affidavit, which was signed and sworn to before me at.....

on (date)....., the regulations contained in Government Notices R1258 and R1648 having been complied with.

COMMISSIONER OF OATHS

PART 3

CERTIFICATE IN TERMS OF SECTION 143 (3) OF THE ACT

In terms of Section 143(3) of the Labour Relations Act, 1995, I hereby certify that the above arbitration award is a final and binding award issued by an Arbitrator conducting an arbitration under the auspices of a bargaining council as contemplated in section 143(1) read with section 51(8).

DIRECTOR – CCMA

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: _____