

CERTIFICATE OF ACCREDITATION OF COUNCIL

This is the certify that:

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

(please print name of applicant)

has in terms of Section 127 of the Labour Relations Act of 1995, been accredited to perform dispute resolution functions, subject to the conditions as imposed by the Governing Body (if applicable) and subject to the terms set out in the accompanying attachment. This certificate is valid from -

..... to
(please insert date) (please insert date)



CCMA

(Official stamp of CCMA)

.....
**COMMISSION FOR CONCILIATION,
MEDIATION AND ARBITRATION**

Date:.....

Registration 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: _____