

LABOUR RELATIONS ACT  
66 OF 1995 AS AMENDED

**Section 191(2)**

**READ THIS FIRST**

**TO WHICH BARGAINING  
COUNCIL SHOULD THIS  
FORM BE REFERRED?**

The Bargaining Council for the  
Furniture Manufacturing  
Industry of the Western Cape.

**WHAT IS THE PURPOSE  
OF THIS FORM?**

This form is to file a request to  
the above Council to permit the  
late filing of a dispute referral  
in terms of Section 191 of the  
Labour Relations Act.

**WHO FILLS IN THIS  
FORM?**

The worker or the trade union  
representing the worker.

**WHERE DOES THIS FORM  
GO?**

This form should be attached to  
a completed Conarb dispute  
referral form and must be  
delivered to the above Council  
soonest.

**INSTRUCTIONS**

- Complete and sign this form.
- Complete and sign a Conarb dispute referral form.
- Serve a copy of this form along with the Conarb dispute referral form on the employer and obtain proof of service.
- The forms served on the employer along with proof of service will hereinafter be referred to as your 'Condonation Application'
- Serve a copy of your Condonation Application on the above Council.

IN THE MATTER BETWEEN

..... (Applicant)

AND

..... (Respondent)

---

**NOTICE OF APPLICATION FOR CONDONATION OF  
LATE REFERRAL OF DISPUTE**

---

Kindly take notice that:

- 1) The above Applicant hereby in terms of Section 191(2) of the Labour Relations Act 66 of 1995 as amended applies for condonation for the late lodging of a referral for a conciliation meeting.
- 2) The referral for a Conarb proceeding was referred outside the 30-day statutory period, as set out in terms of section 191(1) of the Labour Relations Act 66 of 1995 as amended.
- 3) A dispute of alleged unfair dismissal and /or alleged unfair labour practice (delete parts that are not applicable) was referred to the above Bargaining Council on the:  
  
(date) .....
- 4) The reason/s for late referral of a conciliation proceeding is set out in an affidavit attached hereto
- 5) A copy of this application for condonation was served on the above Respondent by means of:

(Tick the appropriate box)

- Registered post
- By hand
- By fax or telefax

on the (date) .....

Signed on ..... (day) ..... (month) 200 .....

\_\_\_\_\_  
APPLICANT SIGNATURE

The Applicant will accept all notices and service of all documents in this matter at the following address.  
➔

The Applicant/s should complete these fields if they are represented by a legal practitioner or trade union  
➔

The Applicant declares that the following contact details of the Respondent are correct and a true reflection of the business particulars of the Respondents place of business.  
➔

**TO:**

**DETAILS OF THE PARTY REQUESTING THE CONARB**

Name: .....  
.....

Postal Address: .....  
.....

Tel: ..... Fax: .....

Cell: ..... E-mail: .....

AND

**DETAILS OF THE REPRESENTATIVE OF THE PARTY REQUESTING THE CONARB**

Name: .....  
.....

Postal Address: .....  
.....

Tel: ..... Fax: .....

Cell: ..... E-mail: .....

AND

**DETAILS OF THE RESPONDENT**

Name: .....  
.....

Postal Address: .....  
.....

Tel: ..... Fax: .....

Cell: ..... E-mail: .....

AND

**The Bargaining Council for the Furniture Manufacturing Industry of the Western Cape**

Furniture Industry House, 19 Kent Street, Salt River, 7925  
P.O. Box 1123, Woodstock, 7915  
Tel: (021) 448-4436, Fax: (021) 447-0376, E-mail: [fbwc@netactive.co.za](mailto:fbwc@netactive.co.za)

**WHAT IS AN AFFIDAVIT?**

An affidavit is a sworn statement put under oath by a commissioner of oaths. The SAPS will be the appropriate organization to administer the oath.

**WHO WILL CONSIDER THE CONTENT OF THIS AFFIDAVIT**

The Respondent party in this matter will read this statement and may reply to it. This affidavit will also serve as the founding affidavit in this application to the Bargaining Council for the Furniture Manufacturing Industry of the Western Cape.

**WHAT IS MEANT BY THE DEGREE OF LATENESS?**

If your application is only a few days late, that fact should weigh in favour of granting condonation. →

**WHAT IS MEANT BY THE REASON/S FOR LATENESS?**

This is a very important part of this application in which the Applicant has the opportunity to explain why his/her dispute referral was late. One should try and provide as much detail as possible. Even if it requires a day to day sequence of events from the expiry date of the 30-days until the date of this Condonation Application. (One may attach more pages if there is too little space on this form) →

The reasonableness of the explanation could weigh against the Applicant if the explanation is improbable.

IN THE MATTER BETWEEN

..... (Applicant)

AND

..... (Respondent)

---

**APPLICANT’S AFFIDAVIT: CONDONATION**

---

I the undersigned (name of Deponent) .....

.....

Do hereby declare under oath as follows:

I am the Applicant in this matter in that I was/am .....

.....

That the degree of lateness is .....

.....

.....

.....

That the reason/s for lateness is/are: .....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



**WHEN CAN THE APPLICANT EXPECT A REPLY?**

Upon receipt of this application for condonation, the other party to the dispute may, within 14 calendar days of service of the application, answer, on affidavit, the application. The answer must be served on the Applicant and the above mentioned Bargaining Council.

**WHAT IF THE RESPONDENT FAILS TO SUBMIT A REPLY?**

It could negatively impact on the Respondent's argument against this Condonation Application. The Council will then consider the Condonation Application in the absence of the Respondent's submission.

**WHAT IF THE RESPONDENT SUBMITS A REPLY?**

The Applicant may, within seven calendar days of service of the answering affidavit, reply to the answer. The reply must be served on the Respondent and the above mentioned Bargaining Council.

WHEREFORE I / we request the condonation of this application for late referral of this dispute by permitting me / us to have the dispute heard through Conarb.

Signed on ..... (day) ..... (month) 200 .....

.....  
DEPONENT  
(Signature of Deponent and/or Applicant)

Signed and sworn to before me at ..... (place)  
on this ..... day of ..... 200....., the

Deponent having acknowledged that he / she knows and understands the contents of this affidavit, has no objection to taking the prescribed oath and considers the prescribed oath to be binding on his / her conscience.

.....  
COMMISSIONER OF OATHS

NAME: .....

ADDRESS: .....

DESIGNATION: .....