



FURNITURE BARGAINING COUNCIL

Unit 2, Ground' Floor ♦ Block C ♦ Hadefields Office Park ♦ 1267 Pretorius Street ♦ Hatfield ♦ Pretoria
Correspondence to be addressed to: THE REGIONAL MANAGER ♦ Post Office Box 57086 ♦ Arcadia ♦ 0007
Telephone (012) 323-2700 ♦ e-mail pretoria@furnbed.co.za ♦ Website www.furnbed.co.za

APPLICATION FOR CONDONATION

OF LATE REFERRAL OF DISPUTE

BETWEEN

_____ **APPLICANT**

AND

_____ **RESPONDENT**

AFFIDAVIT BY APPLICANT

I, the undersigned

(FULL NAME OF APPLICANT)

Do hereby make oath and say:

1. FACTUAL INFORMATION:

- 1.1 The dismissal occurred on _____ ; or
- 1.2 The Employer refused to re-instate the employee on _____
- 1.3 Internal remedies (appeal ,negotiation .consultation) exhausted on _____
- 1.4 Attempts to negotiate were made on _____ and
_____ and _____

2. DEGREE OF LATENESS:

This referral is _____ days late.

3. STEPS TAKEN TO PURSUE MY RIGHTS:

- 1.1 I consulted with my union/representative/attorney/advocate on _____
- 1.2 I instructed my representative as above to refer the dispute on _____
- 1.3 I signed the referral form on _____

4. **REASON FOR LATENESS:**

4.1 This referral is late because _____

4.2 I made following efforts to bring the application on time:

4.3 The following person or persons are to blame for the fact that this referral is late:

4.4 I believe that the above persons are to blame for the lateness of this referral because:

5. **PROSPECTS OF SUCCESS:**

I believe that I have a good case because (in this paragraph you must state the facts and the grounds on which you rely. It is not good enough to simply state your opinion. You must motivate your opinion with reference to substantive details).

6. **PREJUDICE**

6.1 How will it prejudice the respondent if this application is granted.

6.2 How will it prejudice you if the application is not granted.

IMPORTANT WARNINGS

2. If you do not complete this form correctly and or you do not disclose all relevant facts that the Council ought to take into account in considering your application for condonation, the application will be incomplete and the Council will be unable to carry out its statutory duties to consider this application properly and, in a fair and effective manner.
3. If letter, notes and diary entries are relevant, you are required to attach those to this application.
4. A copy of this application must be forwarded to the respondent at the same time as you submit it to the Council.

OATH /AFFIRMATION

I , the undersigned _____ declare that all the above information is within my own personal knowledge or belief except where the context indicates the contrary, and is true and correct.

(Signature /thumb print)

I certify that this affidavit was signed and sworn to before me at _____

On this the _____ day of _____ 20 _____

By the deponent who acknowledged that he/she knew and understood the contents of this affidavit, had no objection to taking the oath, considered this oath to be binding on his/her conscience and who uttered the following words” I swear that the contents of this affidavit are true, so help me God.”

COMMISSIONER OF OATHS _____

NAME AND SURNAME _____

ADDRESS _____

CAPACITY _____

NOTICE TO RESPONDENT

You are the respondent in this matter, you are required to answer this application, on oath. Your response, if any, must be sent to the Council within 7 (seven) days from the date on which you receive this application.