

**LRA Form 7.13**

Labour Relations Act, 1995  
Sections 16, 21, 22, 24, 45, 61, 74,  
86, 94, 133, 141, 191, 198, 198A-C  
Employment Equity Act, 1998  
Sections 10

Basic Conditions of Employment Act,  
1997 Sections 41  
Skills Development Act, 1998  
Section 19

**REQUEST FOR  
ARBITRATION**

(Demarcation disputes (Section 62) must  
be processed on LRA Form 3.23)



Tel: 0814446760 Fax: 0865850314  
P O Box X504, SUITE 127, SINOVILLE, 0129  
860 MILKPLUM STREET, MONTANA

Read This First



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

If conciliation fails, a party may  
request that the **National  
Bargaining Council for The  
Hairdressing, Cosmetology,  
Beauty & Skincare Industry**  
resolve the dispute by arbitration.

**WHO FILLS IN THIS FORM?**

The party requesting the  
arbitration.

**WHERE DOES THIS  
FORM GO?**

To the office of the **NBCHCBSI**.

**This should be the same office,  
which conducted the  
conciliation.**

If an accredited council or agency  
is to arbitrate the dispute, the  
request for arbitration must be  
sent to their offices.

If in doubt, contact the  
**NBCHCBSI** for help.

**1. DETAILS OF PARTY REQUESTING ARBITRATION**

Name & Surname: .....

Physical Address:.....

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

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

Cell:.....Email:.....

**2. DISPUTE DETAILS**

The case between:

.....(referring party/ies)  
and

.....(other party)

was referred for conciliation, but remains unresolved.

The certificate of non-resolution is attached / 30 days have expired  
since referral (**delete whichever is not applicable**).

The issues in dispute are .....

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

(Give a brief description. The commissioner may require a more detailed statement  
of case later.)

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Date Proof Received: \_\_\_\_\_

**Case Number: DIS/**

**Please turn over** →

**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;
- 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 **NBCHCBSI** may be requested to assist with service.

**TICK THE CHECKLIST!**

- Have you attached the certificate of outcome confirming that the dispute was unresolved through the process of conciliation?
- Have you sent/served a copy of this completed form to the other party?
- Have you included proof that you have sent a copy to the other party with this form?

**3. DETAILS OF OTHER PARTY**

Establishment Name : .....

Owner Name & Surname : .....

Postal Address: .....

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

Physical Address:.....

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

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

Cell:..... Email:.....

**4. OUTCOME REQUIRED:**

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

**5. CONFIRMATION OF ABOVE DETAILS:**

Form submitted by:

.....  
 (please print name and surname)

Signature: .....

Position: .....

Date: .....

Place.....

This form must be signed by the requesting party or a person entitled to represent the party in the arbitration proceedings.

Case Number: DIS/

Please turn over →

NATIONAL  
**BARGAINING**  **COUNCIL**  
for the Hairdressing - Cosmetology - Beauty & Skincare Industry

Fax: 0865850314  
P O Box X504, SUITE 127  
SINOVILLE

Tel: 081 444 6760  
860 MILKPLUM AVE, MONTANA, 0151

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**PLEASE FAX/EMAIL THE COMPLETED FORM TO  
ROSE NGONYAMA**

**FAX NO: 0865850314      TEL NO: 0814446760**  
[rose@hcsbc.co.za](mailto:rose@hcsbc.co.za)

**PROOF OF RECEIPT OF  
REQUEST FOR ARBITRATION**

**CASE NO: DIS/**

**RECEIVED BY:**

**RESPONDENT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FULL NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SWORN AFFIDAVIT**

I, \_\_\_\_\_, ID No: \_\_\_\_\_,

Address: \_\_\_\_\_

Tele/Cell No: \_\_\_\_\_

do hereby make oath and say that I hand delivered a copy of a:

Request for Arbitration	Condonation Application (if applicable)
✓	

(Please tick the applicable box)

In respect of NBCHCBSI Case No: DIS/

to \_\_\_\_\_  
(full name)

\_\_\_\_\_  
(designation)

of \_\_\_\_\_  
(company name if applicable)

at \_\_\_\_\_  
(company address)

on \_\_\_\_\_  
(date)

at \_\_\_\_\_  
(time)

The recipient of the above-mentioned documentation has refused to sign for receipt of the documentation delivered.

**SWORN AND SIGNED** before me at \_\_\_\_\_ (place)

on this \_\_\_\_\_ (date) day of \_\_\_\_\_ (month) \_\_\_\_\_ (year)

the deponent(s) having acknowledged that he/she/they know and understand the contents of this Affidavit, and that the contents are true, that he/she/they have no objection to taking this oath and that he/she/they consider this oath to be binding on his/her/their conscience.

\_\_\_\_\_  
**DEPONENT**

\_\_\_\_\_  
**COMMISSIONER OF OATHS**