

**IN THE COMMISSION FOR CONCILIATION MEDIATION AND ARBITRATION**

**GAUTENG**

**GA.....**

**IN THE MATTER BETWEEN**

*(Insert applicant's name here )*

**APPLICANT**

**And**

*(Insert respondent's name here)*

**RESPONDENT**

**APPLICATION FOR CONDONATION FOR LATE FILING OF RESCISSION APPLICATION**

(This application must accompany the application for rescission)

1. The award/ruling came to my attention on:

.....  
.....

2. Degree of lateness: .....

.....

3. The reasons for lateness: .....

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

4. The Applicant's prospects of success: .....

.....  
.....

5. Any prejudice to the other party: .....

.....

6. Any other relevant factor: .....

.....

.....

7. **Note:** The respondent must, within 14 days of receipt of this affidavit from the applicant, file an affidavit opposing an application for condonation by the applicant. The applicant has 7 days to file a replying affidavit.

8. The respondent must forward a copy of the affidavit to the other party, as well as to the CCMA, within the stipulated fourteen days. Proof must be attached to show that the affidavit has been forwarded to the other party. This would be in form of either a registered slip, fax transmission or an affidavit of hand delivery.

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**DEPONENT**

Sworn to before me at \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_, the deponent having acknowledged that she knows and understands the contents of this affidavit, that he/she has no objection to taking the prescribed oath and that the oath is binding on his /her conscience.

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**COMMISSIONER OF OATHS**

**IN THE COMMISSION FOR CONCILIATION MEDIATION AND  
ARBITRATION GAUTENG**

**GA .....**

**IN THE MATTER BETWEEN**

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(Applicant for rescission's name to be put here)

**and**

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*(Respondent's name to be put here i.e. other party)*

**APPLICATION FOR RESCISSION OF RULING/ARBITRATION AWARD**

**BE PLEASED TO TAKE NOTICE THAT** application will be made to the Commission for Conciliation Mediation and Arbitration (hereafter referred to as the CCMA) on a date place and time to be determined by the Commission for an order in the following terms:

- 1) Rescinding the ruling/arbitration award rendered by Commissioner \_\_\_\_\_ on \_\_\_\_\_ date in the aforementioned case number;
- 2) no order as to costs /alternately costs in the cause;
- 3) Alternate relief.

**PLEASE TAKE NOTICE FURTHER** that the applicant will accept service of all documents in this application at the following address:

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**TAKE NOTICE FURTHER** that should you intend opposing this application you must deliver an answering affidavit within fourteen days of this affidavit having been served failing which the matter will be heard in your absence.

**AND TAKE NOTICE FURTHER** that the affidavit of \_\_\_\_\_  
\_\_\_\_\_ (insert name of person making affidavit here i.e. deponent) annexed hereto marked A will be used in support of this application.

**DATED AT GAUTENG ON THIS \_\_\_\_\_ DAY OF**

\_\_\_\_\_  
**APPLICANT**

Address:.....  
.....  
.....  
.....

**IN THE COMMISSION FOR CONCILIATION MEDIATION AND ARBITRATION**

**GAUTENG**

**GA.....**

**IN THE MATTER BETWEEN**

\_\_\_\_\_  
*(Insert applicant's name here )*

**APPLICANT**

**And**

\_\_\_\_\_  
*(Insert respondent's name here)*

**RESPONDENT**

**AFFIDAVIT IN SUPPORT OF APPLICATION FOR RESCISSION**

I, the undersigned,

\_\_\_\_\_  
*(Name in full of person making the affidavit)*

do hereby make oath and state:

**Parties**

1. I am the applicant in this matter. I am duly authorised to make this affidavit because \_\_\_\_\_

\_\_\_\_\_  
*(need to explain the person making the affidavit's relationship to the case ie dismissed employee; Trade Union Official ;manager at the employer; human resources officer etc).*

2. I will accept service of any documents in relation to this matter at the following address or fax number *(delete which is not applicable)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The respondent is \_\_\_\_\_  
*(Need to explain who the other party is in relation to the case i.e. former employee claiming unfair dismissal from former employer; employer from whom employee claiming unfair dismissal; describe also type of employer i.e. company close corporation or individual etc).*

The respondent's address is \_\_\_\_\_  
\_\_\_\_\_

**Background and Facts on which the applicant relies**

4. (This section should chronologically deal with the facts, which would persuade or dissuade a commissioner in granting the application).
- a) The ruling made at conciliation/arbitration award came to my attention on\_\_\_\_\_. I immediately did the following

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b) I submit that I was not in wilful default of the CCMA because:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(eg I did not know of the date of the hearing because I had not received the notice/my address has changed and I have advised the CCMA of this/ the fax number the notice was sent to was incorrect. Annex any relevant documents. Must give details)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- c) I believe that the Commissioner should rescind the ruling/ award because I have a good prospect of succeeding in my claim against the respondent because *(must set out in as much detail as possible why your case will succeed. It is not sufficient to just say because I was unfairly dismissed. You must indicate why? Was it procedurally and or substantively unfair and what part if it was unfair?)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d) As a result of the foregoing I respectfully submit that the Commissioner issued the ruling/award erroneously in my absence, and I am therefore entitled to rescission of that ruling/award (see section 144 for other grounds for rescission, if necessary) as I have shown good cause for this in this application.

e) General

*(The issues raised here are not meant to be exhaustive. Please add any information that you think the commissioner may wish to consider in granting the application)*

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5. **Note:** The respondent must, within 14 days of receipt of this affidavit from the applicant, file an affidavit opposing an application for rescission by the applicant. The applicant has 7 days to file a replying affidavit.
6. The respondent must forward a copy of the affidavit to the other party, as well as to the CCMA, within the stipulated fourteen days. Proof must be attached to show that the affidavit has been forwarded to the other party. This would be in form of either a registered slip, fax transmission or an affidavit of hand delivery.

Wherefore I humbly pray that the application be granted as prayed in terms of the Notice of Motion to which this affidavit is attached.

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**DEPONENT**

Sworn to before me at \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_, the deponent having acknowledged that she knows and understands the contents of this affidavit, that he/she has no objection to taking the prescribed oath and that the oath is binding on his /her conscience.

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**COMMISSIONER OF OATHS**