

READ THIS FIRST



## REQUEST FOR INQUIRY / PRE-DIMISSAL ARBITRATION

### WHAT IS THE PURPOSE OF THIS FORM?

This form enables an employer to request the CDR to conduct an Inquiry by Arbitrator

### WHO FILLS IN THIS FORM?

An employer.

### WHERE DOES THIS FORM GO?

To the CDR office closest to you.  
See details on this page.

### WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?

When you request an Inquiry by Arbitrator, the CDR will appoint a Council commissioner to conduct an arbitration at the disciplinary enquiry stage on behalf of the employer party.

### OTHER INSTITUTIONS

Please note that if you are not covered by the Bargaining Council, you need to take the dispute to the appropriate body, e.g. the CCMA.

You may also need to deal with the dispute in terms of a private procedure if one applies

Please contact our office for assistance if you are unsure.

## PROVINCIAL OFFICES OF THE CDR

### GAUTENG

1<sup>st</sup> Floor  
Metal Industries House  
42 Anderson Street  
Johannesburg  
2001

P O Box 9381  
Johannesburg  
2000

Tel: 011 834 4660  
Fax: 011 834 6853 /  
086 636 8699  
Email: [cdr@meibc.co.za](mailto:cdr@meibc.co.za)

### WESTERN CAPE

14<sup>th</sup> Floor, Office 1401  
Golden Acre  
Adderley Street  
Cape Town  
8001

P O Box 6096  
Roggebaai  
8012

Tel: 021 421 6140  
Fax: 021 421 1385  
Email: [cdr@meibc.co.za](mailto:cdr@meibc.co.za)

### KWAZULU NATAL

11<sup>th</sup> Floor  
Mercury House  
320 Smith Street  
Durban  
4001

P O Box 5900  
Durban  
4000

Tel: 031 305 4761  
Fax: 086 636 8693  
Email: [cdr@meibc.co.za](mailto:cdr@meibc.co.za)

### FREE STATE & NORTHERN CAPE

2<sup>nd</sup> Floor  
Wessels & Smith Building  
26 – 28 Heeren Street  
Welkom  
9459

P O Box 30095  
Moreskof  
9462

Tel: 057 352 4142  
Fax: 057 352 5093  
Fax: 086 636 8697  
Email: [cdr@meibc.co.za](mailto:cdr@meibc.co.za)

### EAST LONDON (BORDER REGION)

Malcomess Park  
Office No. 7  
St. George's Road  
Southernwood  
East London, 5201

P O Box 13162  
Vincent  
5217

Tel: 043 743 7790  
Fax: 043 743 8444  
Email: [cdr@meibc.co.za](mailto:cdr@meibc.co.za)

### PORT ELIZABETH (MIDLANDS)

6<sup>th</sup> Floor  
Old Mutual Building  
64 Govan Mbeki Avenue 6006  
Port Elizabeth  
6001

P O Box 12848  
Centralhill  
6006

Tel: 041 586 1542  
Fax: 041 586 1077  
Email: [cdr@meibc.co.za](mailto:cdr@meibc.co.za)

### TSHWANE

351 Schoeman Street  
4<sup>th</sup> Floor  
Metro Park Building  
Pretoria  
0002

P O Box 570  
Pretoria  
0001

Tel: 012 320 2566  
Fax: 086 648 3582  
Email: [cdr@meibc.co.za](mailto:cdr@meibc.co.za)

### MPUMALANGA & LIMPOPO PROVINCES

68 Arras Street  
1st floor  
Msele Hosken Building  
Witbank  
1035

P O Box 3787  
Witbank  
1035

Tel: 013 656 6336  
Fax: 086 636 8695  
Email: [cdr@meibc.co.za](mailto:cdr@meibc.co.za)

Visit the MEIBC website at:

<http://www.meibc.co.za>

**READ THIS FIRST**



If there is more than one employee to be charged or they are not represented by the same trade union, then you must supply each employees' details on a separate page, which must be attached to this form.

**CONSENT**

An Inquiry by Arbitrator may only be conducted with the consent of the employee or where an employee earning more than R205 433.30 per annum has consented to the holding of the Inquiry by Arbitrator in a contract of employment.

Proof of payment of the prescribed fees must accompany this form. Payment can only be made by

- Bank guaranteed cheque accompanying this request form
- Direct electronic payment into the MEIBC's bank account.

If you select employer premises, you must give the address.

**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 –

- A copy of a registered slip from the Post office
- A copy of a signed receipt if hand delivered;
- A signed statement confirming the service by the person delivering the form;
- A copy of a fax confirmation slip; or
- Any other satisfactory proof of service

**1. DETAILS OF EMPLOYER PARTY REQUESTING INQUIRY**

Name of employer: .....  
 Contact person: .....  
 Physical Address: .....  
 .....Postal Code .....  
 Tel: ..... Cell: .....  
 Fax: ..... Email: .....  
 Company or Close Corporation MEIBC registration number: .....  
 If a Temporary Employment Service (TES) is involved, the name of the TES:  
 .....  
 Number of employees employed by the employer: .....

**2 EMPLOYEE'S DETAILS**

Full name of employee: .....  
 Length of service: .....ID Number: .....  
 Salary Gross: .....Salary Net: .....  
 Tel: .....Cell: .....  
 Fax: .....Email: .....

**3 ALLEGATIONS ABOUT CONDUCT OR CAPACITY**

Attach a copy of the allegations (charges) against the employee to this form.

**4 CONFIRMATION & CONSENT TO INQUIRY BY ARBITRATOR**

I, ....., confirm that I have been advised of the allegations against me; and

- (a) I consent to the process, or
- (b) I am bound by a collective agreement providing for the inquiry. A copy of the collective agreement is attached; or
- (c) I earn more than threshold (**R205 433.30**) per annum and have consented to the process in my contract of employment. A copy of the contract of employment is attached hereto.

.....  
**Employee's signature**

**5 PAYMENT OF FEES**

Proof of payment of the prescribed fee of **R 6000.00** (Excl. VAT) is attached.

**6. PLACE OF HEARING**

Please select where you would like the hearing to take place.

Centre for Dispute Resolution office

Employer premises, at

(address).....

If you select employer premises, please provide the address of the premises.

**7. INTERPRETATION SERVICES**

Is an interpreter required at the inquiry?

☐ Yes

☐ No

If yes, language required .....

**8. CONFIRMATION OF ABOVE DETAILS**

Form submitted by:

.....

(Please print name)

Signature:.....

Position: .....

Date: .....

Place: .....

**National Office**

Metal Industries House • 1<sup>st</sup> floor  
42 Anderson Street • Johannesburg 2001  
P.O. Box 9381 • Johannesburg 2000  
**Telephone:** (011) 639 8000 • **Facsimile:** 086 636 8690  
[www.meibc.co.za](http://www.meibc.co.za)  
VAT No: 4120260544

**Consent to process personal information**

**Declaration and Informed Consent**

- a) I declare that all Personal Information supplied to the Organisation for the purposes of service delivering and related legal and operational reasons is accurate, up to date, is not misleading and that it is complete in all respects. I undertake to immediately advise the Organisation of any changes to my Personal Information should any of these details change.
- b) I furthermore give the Organisation permission to process my Personal Information, as provided above, and acknowledge that I understand the purposes for which it is required and for which it will be used.

**Name**

**Signature**

**Date**
