



FURNITURE BARGAINING COUNCIL

North Block ♦ 39 Empire Road ♦ Parktown Ext ♦ Johannesburg
Correspondence to be addressed to: THE GENERAL SECRETARY ♦ Post Office Box 32789 ♦ Braamfontein ♦ 2017
Telephone (011) 242-9200 ♦ Facsimile (011) 482-6420 ♦ e-mail council@furnbed.co.za ♦ Website www.furnbed.co.za

Case No:- _____

In the matter between:

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

and

(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 Furniture Bargaining Council (hereafter referred to as the Council) on a date place and time to be determined by the Council 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:

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 _____ 20__

Applicant

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

IN THE FURNITURE BARGAINING COUNCIL

Case No:- _____

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 i.e. 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 willful default of the Council because: _____

(e.g. 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 Council 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, 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.

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 Council, 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 the affidavit is attached.

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.

COMMISSIONER OF OATH:
