

LRA Form 7.17
 Rule 39 of the CCMA Rules
 Section 115 read with Section
 138(10)
 Labour Relations Act, 1995

REFERRAL OF COST DISPUTE



READ THIS FIRST



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

To request the determination of a dispute arising from an award of costs.

WHO FILLS IN THE FORM?

The party requesting the determination.

WHERE DOES THE FORM GO?

To the Registrar at the Regional Office of the CCMA where the cost order was made.

RELEVANT DOCUMENTATION

Any relevant documentation must be attached to this form.

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; or
- 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 CCMA may be requested to assist with service.

1. DETAILS OF PARTY REQUESTING DETERMINATION:

Name:.....
 Postal Address:.....
 Code:.....
 Tel:..... Cell:.....
 Fax:..... Email:

2. DETAILS OF OTHER PARTY

Name:.....
 Postal Address:.....
 Code:.....
 Tel:..... Cell:.....
 Fax:..... Email:

3. NATURE OF DISPUTE:

.....

4. RESULT REQUIRED:

5. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:

 (please print name)
 Signature:.....
 Position:

Date:

Place:

Case Number.....