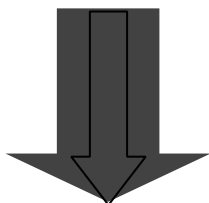


NOTICE OF OBJECTION  
TO ARBITRATION BY SAME  
COMMISSIONER



READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

This form notifies the council that a party objects to an arbitrator who is the same commissioner who conducted the conciliation process.

WHO FILLS IN THIS FORM?

Objecting Party

WHERE DOES THIS FORM GO?

To the CMO at the Head Office of the NBCWPS.

OTHER INSTRUCTIONS

A copy of this form must be served to other party

Proof that the copy of this form has been served to the party must be supplied by attaching any of the following:

- A copy of the 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 communication slip or sent email; or
- Any other satisfactory proof of service

The council may be requested to assist with service

This form must be submitted to the council within 7 days after the date of issue of certificate.

1. PARTY DETAILS

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

2. DETAILS OF THE OTHER PARTY

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

3. OBJECTION DETAILS

I/ we.....  
(please print name)  
Object to Commissioner  
.....  
(please print name)  
Who conciliated the dispute:

4.CONFIRMATION OF THE ABOVE DETAILS:

Form submitted by:  
.....  
(please print name)  
Signature:.....  
Position:.....  
Date:.....Place.....

NBCWPS  
Reference.  
Number.....



# NATIONAL BARGAINING COUNCIL FOR THE WOOD AND PAPER SECTOR

TO THE NBCWPS

PROTECTION OF PERSONAL INFORMATION ACT ,4 OF 2013

**By signing this document I / We hereby grant my voluntary consent that my/our personal information may be processed ,collected, used and disclosed in compliance with the Protection of Personal Information Act,4 of 2013.I/We furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in so far as the NBCWPS (responsible party)must use my/our information in the performance of its public legal duty. I/We understand that my/our personal information may be disclosed to a third party in as far as the NBCWPS must fulfil its public legal duty. I/We furthermore understand that there are instances in terms of the abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.**

## **CONFIRMATION OF THE ABOVE DETAILS:**

Form submitted by:

Signature:.....

Position:.....

Date:.....

Place:.....