WPS 11 **Section 144 of the** **Labour Relations Act ,1995**	**APPLICATION FOR VARIATION OF ARBITRATION AWARD / RULING**	NATIONAL BARGAINING COUNCIL FOR THE WOOD AND PAPER SECTOR

PLEASE READ THIS :
The grounds of a variation are set out under written statement section of this application from

INSTRUCTIONS:
Service of filing:

A copy of this completed application form must be served on other party by means of fax , e-mail, hand delivery or any means set out by the NBCWPS Rule.

A copy of the application must be filed with the council within 14 days of the date on which the applicant became award of the award or ruling. Proof of service on the other party must be attached to the application form.

The other party has 5 days to in which to oppose the application , after which the applicant has 3 days to respond to the opposing statement or affidavit.

Condonation
Failure to comply with the above time periods will require an application for condonation.

Section 144 of the Labour Relations Act 66 of 1995 (the LRA) provides that:

Any commissioner who has issued an arbitration award or ruling , or any other commissioner appointed by the Council , for that purpose, may on that commissioner's own accord or , on the application of any affected party, vary an arbitration award or ruling-

(a) erroneously sought or erroneously made in the absence of any party affected by the award.

(b) in which there is an ambiguity, or an obvious error or omission , but only to the extent of that ambiguity , error or omission;

(c) granted as a result of a mistake common to the parties to the proceedings or;

(d) made in the absence of the other party on good cause shown

Please note that the commissioner may require that you confirm the content of your written statement under oath or affirmation

IDENTIFYING DETAILS

Name of the party applying for *variation (if it is an employer , please cite the full name of the business or in the case of a natural person , that person's name and surname)*

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Contact number and email – address

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Name of the Respondent (*if it is an employer , please cite the full name of the business or in the case of a natural person , that person's name and the surname)*

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Contact Person, Contact Number and email – address *(e.g. name surname of HR or ER representative for NBCWPS disputes against the employer or name and surname of the union representative if the employee is represented by a union*)

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Case Number……

WRITTEN STATEMENT

I the undersigned, ……
(*full name and surname*)

do hereby declare that the following information is accurate and that I understand that I may be required to confirm the content of this written statement under oath or affirmation before a commissioner of the council.

I hereby apply for the variation (please select the relevant option) of the arbitration award / ruling rendered by….

Commissioner……..on…….

The grounds for this application are set out below:

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