



Labour Courts
Private Bag X52
Braamfontein, 2017
86 Juta Street
Braamfontein, 2017
Tel: (011) 359 5712
Fax: (011) 403 9327/086 569 9768

FORM 1

THE LABOUR COURT OF SOUTH AFRICA APPLICATION FOR A CASE NUMBER

THIS FORM MUST BE FAXED, IF THE APPLICATION IS NOT MADE IN PERSON, TO THE REGISTRAR OF THE LABOUR COURT AT THE APPROPRIATE SEAT (JOHANNESBURG, CAPE TOWN, PORT ELIZABETH, DURBAN). TELEPHONIC APPLICATIONS FOR A CASE NUMBER CANNOT BE ENTERTAINED

1. Particulars of the party instituting proceedings

1.1 First applicant

Name

Physical address

Postal address

Code Telephone number.....

Code Fax number

Representative (if any):

Name

Physical address

Postal address

Code Telephone number.....

Code Fax number

Your reference number

2. Name of Province in which the parties are located:.....

(eg. North West, Mpumalanga, Free State, Northern Cape, Limpopo)

NB. PLEASE INDICATE IF YOU WOULD LIKE YOUR MATTER TO BE HEARD IN YOUR PROVINCE/AREA * Yes No

3. Nature of application (e.g. referral, application, review, appeal, etc)

Section of the Labour Relations Act of 1995 in terms of which the proceedings are instituted or name and section of other Act

4. Particulars of the first and second respondent (if any)

4.1 First respondent

Name

Physical address

Postal address

Code Telephone number.....

Code Fax number

Representative (if any):

Name

Physical address

Postal address

Code Telephone number.....

Code Fax number

Their reference number

4.2 Second respondent

Name

*** The area where your matter will be heard will be determined by the Court on merit.**

I certify that no previous application for a case number for the same parties in the same dispute has been made. I undertake to advise the Registrar in writing if proceedings are not initiated within 30 days or if the matter is settled.

Signed and dated atthisday of20

.....
Applicant or duly authorised representative

(Surname and initials