

APPLICATION FOR CONDONATION



_____ (Applicant / Employee)

and

_____ (Respondent / Employer)

AFFIDAVIT

I, the undersigned, _____
(Full name of Applicant / Respondent)

do hereby make oath and say:

1. The facts contained in this affidavit are within my personal knowledge and are true and correct.

2. **BACKGROUND**

2.1 The dispute arose on _____
after all attempts to negotiate or follow internal procedures at the respondent failed.

3. **THE DEGREE OF LATENESS**

3.1 The referral is _____ days late.

3.2 Applicant did the following to pursue his/her rights after the dispute arose:

3.2.1 Applicant went to his/her union / the Department of Labour / Community Advice
Centre / Legal Advice Centre (delete which are not applicable) on _____

3.2.2 Applicant signed the referral form on _____

4. **REASONS FOR LATENESS**

The reason/s that applicant referred the matter late, is _____

6 **PREJUDICE**

As the applicant (employee), if condonation is not granted, I will be prejudiced because _____

I believe that the respondent (employer party) will / will not be prejudiced if condonation is granted because _____

7. **GENERAL**

Any other relevant information _____

8. The respondent must, within 14 days of receipt of this affidavit from the applicant, file an affidavit opposing an application for condonation by the applicant.

9. The respondent must forward a copy of the affidavit to the other party, as well as to the CCMA, within the stipulated 14 days. Proof must be attached to show that the affidavit has been forwarded to the other party. This would be in the form of either a registered slip, fax transmission slip or an affidavit of hand delivery.

SIGNATURE OF APPLICANT

Signed before me on _____ at _____

by the deponent who acknowledges that he/she knows and understands the contents of the affidavit,
had no objection to taking the oath / affirmation and considers it binding on his/her conscience.

Commissioner of Oaths _____

Name: _____

Address: _____

Capacity: _____