

NOTICE OF OBJECTION TO ARBITRATION BY SAME COMMISSIONER



READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

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

WHO FILLS IN THIS FORM?

Objecting party.

WHERE DOES THIS FORM GO?

The General Secretary, office of the Statutory Council for the Printing, Newspaper and Packaging Industries.
Please refer to the next page for further details.

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:

- A copy of a registered slip from the Post Office;
- A copy of a signed receipt if hand delivered;
- A signed statement confirming service by the person delivering the form;
- A copy of a fax confirmation slip; or
- Any other satisfactory proof of service.

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

1. PARTY DETAILS

Name:

Postal Address:

.....

..... Postal Code:

Tel: Cell:

Fax: Email:

Person dealing with the application:

Reference Number:

2. DETAILS OF THE OTHER PARTY

Name:

Postal Address:

.....

..... Postal Code:

Tel: Fax:

Cell: Email:

Contact Person:

Reference Number:

3. OBJECTION DETAILS

I/we (names)

object to the Commissioner..... (name)

who conciliated the (name of dispute/matter)

arbitrating the same dispute.

Therefore we request the SCPNPI to appoint a different Commissioner.

4. CONFIRMATION OF ABOVE DETAILS:

Form submitted by (name):

Position:

Signed:

Date:

SCPNPI Ref. Number:

Please turn over →

**OFFICE OF THE STATUTORY COUNCIL FOR THE
PRINTING, NEWSPAPER AND PACKAGING INDUSTRY**

GAUTENG

**1050 Printech Avenue
Laser Park
Honeydew
2040**

**P O BOX 1084
HONEYDEW; 2040**

**Tel: (011) 699 - 3068
Fax: (011) 794 - 2132**

E-mail: admin.statcouncil@telkomsa.net