

LRA Form 7.11  
Labour Relations Act 1995  
Sections 133, 135, 191(1) and  
191(5A)

**PART A**  
**REFERRING A DISPUTE TO**  
**THE CCMA FOR CONCILIATION**  
**(INCLUDING CON-ARB)**



**READ THIS FIRST**



**WHAT IS THE PURPOSE OF THIS FORM?**

This form enables a person or organisation to refer a dispute to the CCMA for conciliation and con-arb.

**WHO FILLS IN THIS FORM?**

Employer, employee, union or employers' organisation.

**WHERE DOES THIS FORM GO?**

The Registrar, Provincial Office of the CCMA in the province where the dispute arose. See details on this page

**WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?**

When you refer the dispute to the CCMA, it will appoint a commissioner who must attempt to resolve the dispute within 30 days.

**OTHER INSTITUTIONS**

Please note that if you are covered by a bargaining council, a statutory council or an accredited agency you may have to take the dispute to that council or agency.

You may also need to deal with the dispute in terms of a private procedure if one applies.

If in doubt contact the CCMA for assistance.

**FURTHER 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.

**PROVINCIAL OFFICES OF THE CCMA**

**CCMA EASTERN CAPE – East London**  
6 Oxford Street  
**EAST LONDON**  
Private Bag X9068, EAST LONDON, 5200  
Tel: (043) 743-0826  
Fax: (043) 743-0810  
Email: PE@ccma.org.za

**CCMA EASTERN CAPE – Port Elizabeth**  
CCMA House, 107 Govan Mbeki Avenue  
**PORT ELIZABETH**  
Private Bag X22500, PORT ELIZABETH, 6000  
Tel: (041) 505-4300  
Fax: (041) 586-4585  
Email: PE@ccma.org.za

**CCMA FREE STATE**  
CCMA House, Cnr Elizabeth & Westburger Streets  
**BLOEMFONTEIN**  
Private Bag X20705, BLOEMFONTEIN, 9300  
Tel: (051) 505-4400  
Fax: (051) 448-4468/9  
Email: BLM@ccma.org.za

**CCMA GAUTENG – Johannesburg Regional Office**  
127 Fox Street  
**JOHANNESBURG**  
Private Bag X94, MARSHALLTOWN, 2107  
Tel: (011) 220-5000  
Fax: (011) 220-5101 / 02/03/04/05 / 0861 392 262  
Email: Johannesburg@ccma.org.za

**CCMA GAUTENG – Tshwane (Pretoria)**  
Metro Park Building, 351 Schoeman Street  
**PRETORIA**  
Private Bag X176, PRETORIA, 0001  
Tel: (012) 392-9700  
Fax: (012) 392-9701/2  
Email: Pretoria@ccma.org.za

**CCMA KWAZULU-NATAL – Durban**  
Embassy Building, 199 Smith Street  
**DURBAN**  
Private Bag X54363, DURBAN, 4000  
Tel: (031) 362-2300  
Fax: (031) 368-7387 / 7407  
Email: KZN@ccma.org.za

**CCMA KWAZULU-NATAL – Pietermaritzburg**  
Gallwey House, Gallwey Lane  
**PIETERMARITZBURG**  
PO Box 72, PIETERMARITZBURG, 3200  
Tel: (033) 345-9249 / 9271  
Fax: (033) 345-9790  
Email: KZN@ccma.org.za

**CCMA KWAZULU-NATAL – Richards Bay**  
First Floor, Promenade Building, Cnr Tassel Berry & Lira Link Streets  
**RICHARDS BAY**  
Private Bag X1026, RICHARDS BAY, 3900  
Tel: (035) 789-0357  
Fax: (035) 789-7148  
Email: KZN@ccma.org.za

**CCMA LIMPOPO**  
CCMA House, 104 Hans van Rensburg Street  
**POLOKWANE**  
Private Bag X9512, POLOKWANE, 0700  
Tel: (015) 297-5010  
Fax: (015) 297-1649  
Email: PTB@ccma.org.za

**CCMA MPUMALANGA**  
CCMA House, Diedericks Street  
**WITBANK**  
Private Bag X7290, WITBANK, 1035  
Tel: (013) 656-2800  
Fax: (013) 656-2885/6  
Email: WTB@ccma.org.za

**CCMA NORTHERN CAPE**  
CCMA House, 5-13 Compound Street  
**KIMBERLEY**  
Private Bag X6100, KIMBERLEY, 8300  
Tel: (053) 831-6780  
Fax: (053) 831-5948  
Email: KMB@ccma.org.za

**CCMA NORTH WEST - Klerksdorp**  
CCMA House, 47 Siddle Street  
**KLERKSDORP**  
Private Bag X5004, KLERKSDORP, 2570  
Tel: (018) 464-0700  
Fax: (018) 462-4126  
Email: KDP@ccma.org.za


**CCMA NORTH WEST - Rustenburg**  
Shop SG7 11B, 43-45 Boom Street  
**RUSTENBURG**  
Private Bag X82104, RUSTENBURG, 0300  
Tel: To be confirmed  
Fax: (014) 538-1267  
Email: To be confirmed

**CCMA WESTERN CAPE**  
CCMA House, 78 Darling Street  
**CAPE TOWN**  
Private Bag X9167, CAPE TOWN, 8000  
Tel: (021) 469-0111  
Fax: (021) 465-7193/7  
Email: CTN@ccma.org.za

# Fax Send Report

Date/Time : 15-MAY-2013 08:12 WED  
 Fax Number : 0219145883  
 Fax Name : SACU HO  
 Model Name : CLX-3180 Series  
 Machine Serial Number : Z51BBAIB600096N

No.	Name/Number	StartTime	Time	Mode	Page	Result
069	0112205105	15-05 08:11	00' 38	ECM	006/006	O.K

PART A REFERRING A DISPUTE TO THE CCMA FOR CONCILIATION (INCLUDING CON-ARB)		 CCMA
<p><b>READ THIS FIRST</b></p> <p><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p>The form enables a person or organisation to refer a dispute to the CCMA for conciliation and arbitration.</p> <p><b>WHO FILLS IN THIS FORM?</b></p> <p>Employer, employee, union or employees' organisation.</p> <p><b>WHERE DOES THIS FORM GO?</b></p> <p>The form is to be filled in by the CCMA in the province where the dispute arose. See details on this page.</p> <p><b>WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?</b></p> <p>When you refer the dispute to the CCMA, it will appoint a mediator, conciliator or arbitrator to resolve the dispute with you.</p> <p><b>OTHER INSTRUCTIONS</b></p> <p>Please complete and fill in the information on this form correctly. A dispute will only be referred to the CCMA if the form is completed and filled in correctly.</p> <p>The form must be filled in with the dispute number of your organisation if it applies.</p> <p>If the dispute is referred to the CCMA for arbitration, the form must be filled in with the correct information.</p> <p>A copy of the form must be served to the other party.</p> <p>Please ensure that the form is filled in correctly and that the information is true and correct.</p> <p>A signed statement confirming the truth of the information must be attached to the form.</p> <p>A copy of a tax certificate must be attached to the form.</p> <p>Any other documentary proof of services.</p>	<p><b>PROVINCIAL OFFICES OF THE CCMA</b></p> <p><b>CCMA EASTERN CAPE</b> - East London                  10 Gwaleni Street                  EAST LONDON                  Private Bag 4500, EAST LONDON 5200                  Tel: (043) 743-0206                  Fax: (043) 743-0310                  Email: FE@ccma.org.za</p> <p><b>CCMA EASTERN CAPE</b> - Port Elizabeth                  CCMA House, 107 Gwynne Mkhomo Avenue                  PORT ELIZABETH                  Private Bag 422500, PORT ELIZABETH 6200                  Tel: (041) 556-4500                  Fax: (041) 556-4589                  Email: FE@ccma.org.za</p> <p><b>CCMA FREE STATE</b>                  CCMA House, 148 Gwynne Mkhomo Avenue                  BLOEMFONTEIN                  Private Bag 467005, BLOEMFONTEIN 9300                  Tel: (051) 505-4400                  Fax: (051) 446-4600                  Email: BF@ccma.org.za</p> <p><b>CCMA KAPENGONG</b> - Kimberley                  10 Gwaleni Street                  KIMBERLEY                  Private Bag 395, KIMBERLEY 2300                  Tel: (053) 520-5500                  Fax: (053) 520-5500                  Email: K@ccma.org.za</p> <p><b>CCMA KATOLONG</b> - Grahamstown                  10 Gwaleni Street                  GRAHAMSTOWN                  Private Bag 214, GRAHAMSTOWN 6300                  Tel: (049) 222-9000                  Fax: (049) 222-9000                  Email: K@ccma.org.za</p> <p><b>CCMA KWAZULU NATAL</b> - Durban                  10 Gwaleni Street                  DURBAN                  Private Bag 4342, DURBAN 3200                  Tel: (031) 292-2300                  Fax: (031) 292-2300                  Email: K@ccma.org.za</p> <p><b>CCMA KWAZULU NATAL</b> - Pietermaritzburg                  10 Gwaleni Street                  PIETERMARITZBURG                  Private Bag 22, PIETERMARITZBURG 2013                  Tel: (033) 245-9450                  Fax: (033) 245-9450                  Email: K@ccma.org.za</p> <p><b>CCMA KWAZULU NATAL</b> - Richards Bay                  First Floor, Pruthiwick Building, Cnr. Tassard Botsy &amp; Leroiwe Streets                  RICHARDS BAY                  Private Bag 21026, RICHARDS BAY 3200                  Tel: (035) 789-0257                  Fax: (035) 789-7148                  Email: K@ccma.org.za</p> <p><b>CCMA LIMPOPO</b>                  CCMA House, 104 Harms van Ronning Street                  POLOKWANE                  Private Bag 45614, POLOKWANE 0700                  Tel: (015) 297-5010                  Fax: (015) 297-4649                  Email: PLB@ccma.org.za</p> <p><b>CCMA MPUMALANGA</b>                  CCMA House, Diebakkers Street                  WITBANK                  Private Bag 67280, WITBANK 1035                  Tel: (015) 556-2300                  Fax: (015) 556-2855                  Email: W@ccma.org.za</p> <p><b>CCMA NORTH WEST CAPE</b>                  CCMA House, 5-11 Oudheid Street                  KIMBERLEY                  Private Bag 467005, BLOEMFONTEIN 9300                  Tel: (051) 505-4400                  Fax: (051) 446-4600                  Email: BF@ccma.org.za</p> <p><b>CCMA NORTH WEST</b> - Mmabatho                  CCMA House, 47 Sgodo Street                  ALERKSJURP                  Private Bag 4500, ALERKSJURP 2570                  Tel: (056) 464-0760                  Fax: (056) 462-3126                  Email: NW@ccma.org.za</p> <p><b>CCMA NORTH WEST</b> - Rustenburg                  Sagg Street 118-45-45 Boom Street                  RUSTENBURG                  Private Bag 425104, RUSTENBURG 0300                  Tel: (056) 506-6666                  Fax: (056) 506-6666                  Email: NW@ccma.org.za</p> <p><b>CCMA WESTERN CAPE</b>                  CCMA House, 25 Dalroy Street                  CAPE TOWN                  Private Bag 49167, CAPE TOWN 8000                  Tel: (021) 469-0111                  Fax: (021) 469-71539                  Email: CT@ccma.org.za</p>	

READ THIS FIRST



Tick the correct box

The name of the employee or an employer that is referring the dispute must be filled in (a). If there is more than one employee to the dispute and the referring party is not a trade union, then each employee must supply their personal details and signature on a separate page, which must be attached to this form.

These alternate contact details should be of a union official or representative, a relative or a friend.

The name of the trade union or employers organisation that is referring the dispute or assisting a member to refer a dispute must be filled in (b).

OTHER PARTIES

If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate page and attach to this form.

Tick the correct box

1. DETAILS OF PARTY REFERRING THE DISPUTE

As the referring party, are you:

- An employee
- A trade union
- An employer
- An employer's organization

(a) Name of the party if the referring party is an employee or employer

Name:.....

ID Number:.....

Postal Address:.....

Postal Code:.....

Tel:..... Cell:.....

Fax:..... Email:.....

Alternate contact details of employee:

Name:.....

Postal Address:.....

Postal Code:.....

Tel:..... Cell:.....

Fax:..... Email:.....

(b) Name of the referring party if the referring party is an employer's organisation or trade union, or if the employer's organisation is assisting a member to the dispute

Name: SOUTH AFRICAN COMMUNICATION UNION.

Postal Address: Riverside Lofts, UNIT 522,Level 2 TYGER FALLS,

BELLVILLE, Postal Code: 7535

Tel: 086 100 7228

Cell: 082 456 6874.....

Fax: 021 914 5883

Email: sacuho@cybersmart.co.za

2. DETAILS OF THE OTHER PARTY (PARTY WITH WHOM YOU ARE IN DISPUTE)

The other party is:

- An employee
- A trade union
- An employer
- An employer's organisation

Name: TELKOM SA LTD.....

Postal Address: 12 FLOOR TELKOM TOWERS, 52 PROES STREET.....

..... PRETORIA..... Postal Code:.....0001.....

Tel:.....012 311 3732..... Cell:.....

Fax:.....012 311 3418..... Email:.....

Please turn over →

3. NATURE OF THE DISPUTE

What is the dispute about (tick only one box)?

Tick the correct box

If the dispute concerns dismissals, also complete Part B (Sec Page 5)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Unfair dismissal  | <input type="checkbox"/> Unfair Labour Practice (Give details) | <input type="checkbox"/> Refusal to Bargain  |
| <input type="checkbox"/> Organisational Rights                                   | <input checked="" type="checkbox"/> Mutual Interest            | <input type="checkbox"/> S80 BCEA  |
| <input type="checkbox"/> Unilateral change to terms and conditions of employment | <input type="checkbox"/> Severance pay S41 BCEA                | <input type="checkbox"/> Unfair Discrimination S10 of the Employment Equity Act (Give details) |
| <input type="checkbox"/> Interpretation/ Application of Collective Agreement     | <input type="checkbox"/> Disclosure of Information             | <input type="checkbox"/> S19 Skills Development Act  |
| <input type="checkbox"/> Freedom of Association                                  | <input type="checkbox"/> Unfair Labour Practice (probation)    |  |
| <input type="checkbox"/> Other (please describe) .....                           |  |  |



This section must be completed!

If necessary write the details on a separate page and attach to this form

Summarise the facts of the dispute you are referring: .....

...Union and Telkom in deadlock on the percentage increase for

4. DATE DISPUTE AROSE

The dispute arose on: 10 May 2013  
 (give the date, day, month and year)

The dispute arose where: PRETORIA  
 (give the city/town in which the dispute)

If the dispute concerns a dismissal the date inserted here must be the same as that set out in Item 2 of Part B

UNFAIR LABOUR PRACTICE

If the dispute(s) concerns an unfair labour practice the dispute must be referred (ie. received by the CCMA) within 90 days of the act or omission which gave rise to the unfair labour practice. If more than 90 days has elapsed you are required to apply for condonation.

5. DETAILS OF DISPUTE / PROCEDURES FOLLOWED

Have you followed an internal grievance / disciplinary procedures before coming to the CCMA?  YES  NO

Describe the procedures followed: Dispute declared in terms of collective agreement dispute remains unresolved

6. RESULT OF CONCILIATION

What outcome do you require? .....

...award directing allowing union to exercise its rights in terms of the LRA

Please turn over



Tick the correct box

7. SECTOR

Indicate the sector of service in which the dispute arose.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Retail sector | <input type="checkbox"/> Private Security               | <input type="checkbox"/> Public Service    |
| <input type="checkbox"/> Mining        | <input type="checkbox"/> Paper & Printing               | <input type="checkbox"/> Health            |
| <input type="checkbox"/> Motor         | <input type="checkbox"/> Services                       | <input type="checkbox"/> Chemical          |
| <input type="checkbox"/> Distribution  | <input type="checkbox"/> Food & Beverage                | <input type="checkbox"/> Agriculture       |
| <input type="checkbox"/> Wholesale     | <input type="checkbox"/> Building & Construction        | <input type="checkbox"/> Contract Cleaning |
| <input type="checkbox"/> Domestic      | <input checked="" type="checkbox"/> Other <i>TELKOM</i> |  |

8. INTERPRETATION SERVICES

Do you require an interpreter at the conciliation / con-arb?  YES  NO

If yes, please indicate in what language

- |                                    |                                     |   |                                   |
|------------------------------------|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> isiNdebele | <input type="checkbox"/> isiZulu                      | <input type="checkbox"/> isiXhosa |
| <input type="checkbox"/> Sepedi    | <input type="checkbox"/> Sesotho    | <input type="checkbox"/> Setswana                     | <input type="checkbox"/> siSwati  |
| <input type="checkbox"/> Tshivenda | <input type="checkbox"/> isiSonga   | <input type="checkbox"/> Other (please indicate)..... |                                   |

Parties may, at their own cost, bring interpreters for languages other than the official South African languages. Please indicate this under 'Other'.

9. SPECIAL FEATURES / ADDITIONAL INFORMATION

Briefly state any special features / additional information the CCMA needs to note:

.....  
 .....

Special features might be the urgency of the matter, the large number of people involved, important legal or labour issues etc.

10. Dispute about unilateral change to terms and conditions of employment (s64 (4))

~~We require that the employer party not implement unilaterally the proposed changes that led to this dispute for 30 days, or that it restore the terms and conditions of employment that applied before the change.~~

~~Signed: ..... (Employee party referring the dispute)~~

Only fill this in if this is a dispute about unilateral change to terms and conditions of employment.

11. OBJECTION TO CON-ARB PROCESS

~~We object to the arbitration commencing immediately after the conciliation in terms of Section 191(5A)(c).~~

~~Signed: .....~~

The con-arb process involves arbitration being held immediately after the conciliation if the dispute remains unresolved.

~~If the employer objects to the arbitration commencing immediately after the conciliation the employer must submit a written notice in terms of CCMA Rule 17(2) at least 7 days prior to the scheduled date of the conciliation. The employer must attend the conciliation regardless of whether it makes this objection.~~

Only fill this in if you object to the arbitration commencing immediately after conciliation. An objection cannot be made in disputes relating to probation.

12. CONFIRMATION OF ABOVE DETAILS

Signature of party referring the dispute: .....

Signed at...CAPE TOWN... on this .....  
 (place)

15/05/2013  
 (date)

LRA Form 7.11  
 Section 135  
 Labour Relations Act 1995  
 Section 191(5A)

**PART B**  
**ADDITIONAL FORM FOR DISMISSAL**  
**DISPUTES ONLY**



**DATE OF REFERRAL**

Dismissal disputes must be referred (i.e. received by the CCMA) within 30 days of dismissal or, if it is a later date, within 30 days of the employer making a final decision to dismiss or to uphold the dismissal. If more than 30 days has elapsed since the date of your dismissal, you are required to apply for condonation.

Tick the correct box

Tick the correct box

If necessary write the details on a separate page and attach to this form.

1. COMMENCEMENT OF EMPLOYMENT  
 When did you start working at the company? .....

2. NOTICE OF DISMISSAL  
 When were you dismissed (date)? .....

How were you informed of your dismissal?

In writing  Orally

Other (please describe) .....

3. REASON FOR DISMISSAL  
 Why were you dismissed?

Misconduct  Incapacity

Operational Requirements (Retrenchment)  Unknown

Constructive

Other (please describe) .....

4. WAS THE DISMISSAL RELATED TO PROBATION  Yes  NO

5. FAIRNESS/UNFAIRNESS OF DISMISSAL

a. Procedural Issues  
 Was the dismissal procedurally unfair?  YES  NO

If yes, why?  
 .....  
 .....


b. Substantive Issues  
 Was the reason for the dismissal unfair?  YES  NO

If yes, why  
 .....  
 .....

# Fax Send Report

Date/Time : 15-MAY-2013 07:44 WED  
 Fax Number : 0219145883  
 Fax Name : SACU HO  
 Model Name : CLX-3180 Series  
 Machine Serial Number : 251BBAIB600096N

No.	Name/Number	StartTime	Time	Mode	Page	Result
067	0123113418	15-05 07:42	02'00	ECM	005/005	O.K

LRA FORM 7 Labour Relations Act 1995 Sections 133, 135, 191(1) and 191(5A)	PART A REFERRING A DISPUTE TO THE CCMA FOR CONCILIATION (INCLUDING CON-ARB)	 CCMA
<p style="text-align: center;"><b>READ THIS FIRST</b></p> <p style="text-align: center;"><b>WHAT IS THE PURPOSE OF THIS FORM?</b></p> <p>This form enables a person or organisation to refer a dispute to the CCMA for conciliation and con-arb.</p> <p style="text-align: center;"><b>WHO FILLS IN THIS FORM?</b></p> <p>Employer, employee, union or employers' organisation.</p> <p style="text-align: center;"><b>WHERE DOES THIS FORM GO?</b></p> <p>The Registrar, Provincial Office of the CCMA in the province where the dispute arose. See details on this page.</p> <p style="text-align: center;"><b>WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?</b></p> <p>When you refer the dispute to the CCMA, it will appoint a commissioner who must attempt to resolve the dispute within 30 days.</p> <p style="text-align: center;"><b>OTHER INSTITUTIONS</b></p> <p>Please note that if you are covered by a bargaining council, a statutory council or an accredited agency you may have to take the dispute to that council or agency.</p> <p>You may also need to deal with the dispute in terms of a private procedure if one applies.</p> <p>If in doubt contact the CCMA for assistance.</p> <p style="text-align: center;"><b>FURTHER INSTRUCTIONS</b></p> <p>A copy of this form must be served on the other party.</p> <p>Proof that a copy of this form has been served on the other party must be supplied by attaching:</p> <ul style="list-style-type: none"> <li>• A copy of a registered slip from the Post Office.</li> <li>• A copy of a signed receipt if hand delivered.</li> <li>• A signed statement confirming service by the person delivering the form.</li> <li>• A copy of a fax confirmation slip, or</li> <li>• Any other satisfactory proof of service.</li> </ul>	<p style="text-align: center;"><b>PROVINCIAL OFFICES OF THE CCMA</b></p> <p><b>CCMA EASTERN CAPE</b> – East London 6 Quatro Street EAST LONDON Private Bag 49065, EAST LONDON 5200 Tel: (043) 743-0825 Fax: (043) 743-0810 Email: PE@ccma.org.za</p> <p><b>CCMA EASTERN CAPE</b> – Port Elizabeth CCMA House, 107 Govan Mbeki Avenue PORT ELIZABETH Private Bag X22500, PORT ELIZABETH, 6000 Tel: (041) 505-4300 Fax: (041) 505-4565 Email: PE@ccma.org.za</p> <p><b>CCMA FREE STATE</b> CCMA House, Cnr Elizabeth &amp; Westburger Streets BLOEMFONTEIN Private Bag X20705, BLOEMFONTEIN 9300 Tel: (051) 505-4400 Fax: (051) 448-4669 Email: BLM@ccma.org.za</p> <p><b>CCMA GAUTENG</b> – Johannesburg Regional Office 127 Foa Street JOHANNESBURG Private Bag 494, MARSHALLTOWN 2107 Tel: (011) 220-5000 Fax: (011) 220-5101 / 02104445 / 0801 392 262 Email: johannesburg@ccma.org.za</p> <p><b>CCMA GAUTENG</b> – Tshwane (Pretoria) Metro Fax Building, 351 Schoeman Street PRETORIA Private Bag 1176, PRETORIA, 0001 Tel: (012) 392-9700 Fax: (012) 392-9707 Email: Pretoria@ccma.org.za</p> <p><b>CCMA KWAZULU-NATAL</b> – Durban Emmossy Building, 199 Smith Street DURBAN Private Bag 454363, DURBAN, 4000 Tel: (031) 362-2300 Fax: (031) 366-7387 / 7407 Email: nZ@ccma.org.za</p> <p><b>CCMA KWAZULU-NATAL</b> – Pietermaritzburg Galwey House, Galwey Lane PIETERMARITZBURG PO Box 72, PIETERMARITZBURG 3200 Tel: (033) 345-9249 / 5271 Fax: (033) 345-9790 Email: nZ@ccma.org.za</p> <p><b>CCMA KWAZULU-NATAL</b> – Richards Bay First Floor, Promenade Building, Cnr Tassel Berry &amp; Luthi Link Streets RICHARDS BAY Private Bag X1026, RICHARDS BAY, 3900 Tel: (035) 789-0357 Fax: (035) 789-7148 Email: nZ@ccma.org.za</p> <p><b>CCMA LIMPOPO</b> CCMA House, 104 Heals van Rensburg Street POLOKWANE Private Bag 45512, POLOKWANE, 0700 Tel: (015) 297-2010 Fax: (015) 297-1649 Email: P1B@ccma.org.za</p> <p><b>CCMA MPUMALANGA</b> CCMA House, Deersbos Street WITBANK Private Bag X7290, WITBANK, 1035 Tel: (013) 656-2800 Fax: (013) 656-2856 Email: WTB@ccma.org.za</p> <p><b>CCMA NORTHERN CAPE</b> CCMA House, 5-13 Compound Street KIMBERLEY Private Bag X5100, KIMBERLEY, 8300 Tel: (053) 531-6780 Fax: (053) 631-5948 Email: KMB@ccma.org.za</p> <p><b>CCMA NORTH WEST</b> – Aunrsoorp CCMA House, 47 Sabote Street KLERKSDORP Private Bag A5004, KLERKSDORP, 2570 Tel: (018) 464-0700 Fax: (018) 462-4126 Email: KDP@ccma.org.za</p> <p><b>CCMA NORTH WEST</b> – Rustenburg Shop SC7 11B, 43-45 Boom Street RUSTENBURG Private Bag 282104, RUSTENBURG, 0300 Tel: To be confirmed Fax: (019) 535-1281 Email: To be confirmed</p> <p><b>CCMA WESTERN CAPE</b> CCMA House, 78 Denning Street CAPE TOWN Private Bag A9167, CAPE TOWN, 8000 Tel: (021) 465-0111 Fax: (021) 465-71937 Email: CTW@ccma.org.za</p>	

Proof of Delivery

Emergency