



[5. The facts relied on are:

- (a)
- (b) ]

6. The decision sought is:

- (a)
- (b)

Signed:

Description:

Dated:

**TO RESPONDENT(S):**

**TAKE NOTICE that if you wish to oppose this application or to argue that any different decision should be made, you must attend before the [court], [commission] [registrar] or [industrial magistrate] in person or, if appropriate, by your lawyer or agent at the time on the date and at the place fixed by the registrar and you will be heard. If you do not attend as required a decision may be given against you in terms of the decision sought and costs, where appropriate, without further reference to you.**

(Last page)

PARTICULARS OF THE APPLICANT

Name:

Position or title: *(if applicable)*

Organisation, corporation, association, department etc: *(if applicable)*

Residential or business address:

**Applicant's address for service:**

Applicant's phone number or contact phone number:

Applicant's fax number: *(if any)*

Applicant's e-mail address: *(if any)*

PARTICULARS OF CLAIMANT IF NOT THE APPLICANT

Name:

Position or title: *(if applicable)*

Organisation, corporation, association, department etc: *(if applicable)*

Residential or business address:

**Applicant's address for service:**

Applicant's phone number or contact phone number:

Applicant's fax number: *(if any)*

Applicant's e-mail address: *(if any)*

[IF APPLICANT HAS AN AGENT *(An appointment of agent form must accompany this application, R 13(1)(l)*

Applicant's agent's name:

and corporation or business name:

Agent's business address:

**Address for service:**

Phone:

Fax:

E-mail address: *(if any)*]

PARTICULARS OF THE RESPONDENT *(the following information must be provided).*

Name:

Position or title: *(if applicable)*

Organisation, corporation, association, department etc: *(if applicable)*

Residential or business address:

**Respondent's address for service:**

Respondent's phone or contact phone number:

Respondent's fax number: *(if any)*

Respondent's e-mail address: *(if any)*

[IF RESPONDENT HAS AN AGENT

Respondent's agent's name:

and corporation or business name:

Agent's business address:

**Address for service:**

Phone:

Fax:

E-mail address: *(if any)*]