

Company Letterhead

**Applicant Detail**

Name, address as per Setdown notice or 7.11 form

**Respondent Detail**

Name, Address and Contact Detail.

Date

**Case Reference**            **XXXXX**

Date  
Time  
Venue  
Process                      Con/Arb  
Commissioner/s

**OBJECTION NOTICE**

**PLEASE TAKE NOTE** that the Respondent herewith Object against the Con/Arb process (Arbitration proceeding after Conciliation) in terms of Section 191 (5A) (c) of the LRA.

\_\_\_\_\_  
Respondent Representative Name & Surname

\_\_\_\_\_  
Date

\_\_\_\_\_  
Respondent Signature

\_\_\_\_\_  
Applicant Name & Surname (where applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature (where applicable)

Note: Ensure that this objection notice is first served on the Applicant and proof of service is attached when filing at the CCMA or Bargaining Council.