

POSTAL ADDRESS.....

EMAIL ADDRESS.....

2. FOUNDATIONS - REQUEST FOR ALTERNATIVE DISPUTE RESOLUTION MECHANISM

NB: COMPLETE THE FOLLOWING BY ANSWERING EACH STATEMENT APPROPRIATELY: -

1. Foundations: **REQUEST FOR ALTERNATIVE DISPUTE RESOLUTION MECHANISM** - must be set out in full as an Annexure marked **DRT/ARB - A1** and attached hereto.

2. Details **MUST** include the following.

2.1 Nature of the dispute with material facts relied upon and Locus Standi (Legal Right).

2.2 Relief sought from Alternative Dispute Resolution.

2.3 Annexure of copies relied upon in support of the dispute facts.

2.4 Details of other parties/Responded to the dispute; and

2.5 Any other material fact/s to the dispute.

3. DETAILS OF THE OTHER PARTY/ RESPONDENT/S (If details are known)

SURNAME AND NAME.....

POSTAL ADDRESS:

.....

RESIDENTIAL ADDRESS:

.....

TEL/CELL NO:EMAIL ADDRESS:

4. NAME OF THE TAXI ASSOCIATION / ENTITY (IF THE RESPONDED IS AN ASSOCIATION / ENTITY)

BUSINESS NAME/ASSOCIATION.....
 REGISTRED NUMBER.....
 BUSINESS ADDRESS.....
 POSTAL ADDRESS.....
 BUSINESS EMAIL ADDRESS.....

NB: If any party to the proceeding to be represented by any other person or persons authorized by him/her the following details **MUST** be provided.

5. Details of the Aggrieved Representative/s

Name & Surname		Company Name	
Business Address		Postal Address	
Business Telephone No:		Email Address	
Fax No:		Cell phone No:	

6. Details of the Respont/s Representative/s (If the details are known)

Name & Surname		Company Name	
Business Address		Postal Address	
Business Telephone No:		Email Address	
Fax No:		Cell phone No:	

7. DECLARATION

I HEREBY CONFIRM THE CONTENTS OF THIS LODGEMENT FORM:

Signed: Name in Print:

Date: Capacity:

Signature:

8. GENERAL PROVISIONS

The Notice should strictly comply with the following requirements.

- 8.1 The Aggrieved party must ensure that all the required information is included.
- 8.2 All annexures to the form must be marked as **DRT/ARB - A1**
- 8.3 Grounds for REQUEST ALTERNATIVE DISPUTE RESOLUTION MECHANISM - Information must be clearly typed and neatly bound
- 8.5 All information must be completed and where no applicable must be clearly indicated N/A.

PLEASE NOTE: If space provided while completing this form is insufficient, further details must be set outline in an Annexure Clearly Marked under **DRT/ARB - A1**

DRT OFFICE USE ONLY	
Date Received	
Outline Next step to process the request	
Any other Comment/s	