

**SUBSIDIARY LEGISLATION**

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THE EMPLOYMENT AND LABOUR RELATIONS (GENERAL)  
REGULATIONS, 2017

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THE EMPLOYMENT AND LABOUR RELATIONS ACT,  
(CAP. 366)

**REGULATIONS**

*(Made under section 98(1))*

THE EMPLOYMENT AND LABOUR RELATIONS (GENERAL) REGULATIONS, 2017

PART I  
PRELIMINARY PROVISIONS

- Citation 1. These Regulations may be cited as the Employment and Labour Relations (General) Regulations, 2017.
- Interpretation 2. In these Regulations, unless the context otherwise requires-
- Cap. 366 "Act" means the Employment and Labour Relations Act;  
"child" has the meaning ascribed to it under the Act;  
"collective agreement" has the meaning ascribed to it under the Act;  
"contract of service" means any written contract to employ an employee for any period of time or number of days to be worked or to execute any task or specific task, to perform any journey and includes a foreign contract of service;  
"Council" has the meaning ascribed to it under the Act;  
"employer association" has the meaning ascribed to it under the Act;  
"employment" has the meaning ascribed to it under the Act;  
"executive officers" means the leaders of the organization;  
"federation" has the meaning ascribed to it under the Act;  
"hazardous work" means any work for earning, performed by a child in any of the sectors prescribed in the First Schedule to these Regulations;



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- Cap. 300 “Labour Commissioner” has the meaning ascribed to it under the Labour Institutions Act;
- Cap.300 “Labour Officer” has the meaning ascribed to it under the Labour Institutions Act;
- “organization” has the meaning ascribed to it under the Act;
- “plan” means the plan for elimination of discrimination at work place referred to in section 7 of the Act;
- Cap. 300 “Registrar” has the meaning ascribed to it under the Labour Institutions Act;
- “trade union” has the meaning ascribed to it under the Act.

PART II  
CHILD LABOUR PROHIBITION

Prohibition of employment of children 3.-(1) No person shall employ or cause to be employed a child under the age of fourteen.

(2) Without prejudice to the provisions of sub-part A of Part II of the Act, a child of fourteen of age and above may be employed to perform light work which is not listed in the List of Hazardous Works for Children in a manner set out in the First Schedule to these Regulations.

Circumstances permitted to employ child 4.-(1) Subject to sub-regulations (2) and (3), no child who is still attending school shall be required or permitted to work in any establishment in excess of three hours per day.

- (2) A child of fourteen years and above who-
- (a) is on leave;
  - (b) has completed his studies; or
  - (c) is not in school for any justifiable reason,
- may be employed to work in an establishment for not more than six hours per day:

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Provided that the employer shall be responsible for the safety of the child so employed at the work place.

(3) Notwithstanding the provisions of sub-regulation (1), no child shall be required or permitted to work during school hours.

Time for rest

5. Notwithstanding the provisions of regulation 4(2), a child shall not work for more than three consecutive hours, without at least, an hour rest.

Hours of work

6. No child shall be required or permitted to work-

- (a) overtime; or
- (b) between 8p.m and 6a.m.

Lifting of objects

7.-(1) It shall be a condition of employment of any child whose employment is permitted under the provisions of the Employment and Labour Relations Act, that-

- (a) a child of fourteen upto sixteen years shall not be permitted to carry any load weighing more than 15 kilograms;
- (b) a child of above sixteen years shall not be permitted to carry any load weighing more than 20 kilograms.

(2) Notwithstanding the provision of sub-regulation (1), where a child is subjected to the conditions prescribed therein, the employer shall have the burden to prove that the load or object does not exceed the ability of the child.

(3) Notwithstanding anything in this regulation, the Labour Commissioner or any labour officer shall have the power by order to prohibit the employment of children in any case if he is satisfied that the conditions of employment of children are unsatisfactory.

Employer to keep register

8.-(1) Every employer shall keep and maintain a register in respect of children employed in his work place.

(2) The register referred to in sub-regulation (1) shall contain

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the following particulars:

- (a) name of the child;
- (b) date of employment;
- (c) date of birth and present age of the child;
- (d) place of domicile;
- (e) level of education;
- (f) type of work performed by child;
- (g) particulars of parents or guardians; and
- (h) school attendance status of each child.

(3) In addition to the particulars mentioned under sub-regulation (2) the employer shall be required to attach-

- (a) certified copies of birth certificates or any other evidence as to the age of the child from relevant authority of all children working at his work place; and
- (b) evidence in writing as to the consent of-
  - (i) a parent;
  - (ii) a guardian; or
  - (iii) a relative.

Mode of remuneration

9. In remunerating a child, the employer shall comply with wage rates set by the Minister from time to time.

Contract of employment for the child

10.-(1) Subject to regulation 4, an employment of a child granted under these Regulations shall be in writing and the child shall be entitled to a copy of the contract before commencing the employment.

Cap. 443  
Cap. 13  
GN. No.  
42 of 2007

(2) The contract under sub-regulation (1) shall take into consideration the provisions of the Act, these Regulations, the Law of Contract Act and the Law of the Child Act, and shall be in a manner set out in the Schedule to the Employment and Labour Relations (Code of Good Practice) Rules, 2007.

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*G.N. No. 47 (contd.)*

PART III  
EMPLOYMENT STANDARDS

Contract for specified period 11. A contract for a specified period referred to under section 14(1)(b) of the Act, shall not be for a period of less than twelve months.

Statement of employees rights 12. Statement of employee's rights provided for in section 16 of the Act shall be in the manner prescribed in form LAIF. 9 set out in the Second Schedule to these Regulations.

Payment of remuneration 13.-(1) Notwithstanding the type of contract or the basis of employees' remuneration, payment thereof shall be done monthly or in any other period agreed by the parties basing on the nature or technical requirements of the job.

(2) Subject to the provision of section 27(2) of the Act, every employee shall be entitled to receive a written statement of particulars that supports remuneration paid.

(3) A written statement of particulars issued under this regulation shall be contained with the following particulars:

- (a) name of employee;
- (b) date, month and year of payment in respect of which payment is made;
- (c) name of employer or logo;
- (d) employment or check number;
- (e) statutory deductions;
- (f) other deductions;
- (g) gross or basic salary; and
- (h) net salary.

Annual leave 14.-(1) Subject to the provision of section 31 of the Act, employee shall comply with procedures for applying an annual leave which shall be set by employer.

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(2) Notwithstanding an agreement to work for payment in lieu of annual leave in terms of section 31 (6) of the Act, an employer shall ensure that no employee is continuously working in any leave cycle without applying for annual leave.

Breast feeding during working hours

15. Subject to the provision of section 33 (10) of the Act, a female employee shall, for a period of not less than six consecutive months after maternity leave, be allowed to leave the office for a maximum of two hours of his convenience during the working hours for breast feeding the child.

Subsistence expenses

16.-(1) The subsistence expenses provided for under section 43(1)(c) of the Act shall be quantified to daily basic wage or as may, from time to time, be determined by the relevant wage board.

Cap. 300

(2) In determining the subsistence expenses, the conditions prescribed under section 37 of the Labour Institutions Act shall apply.

(3) The tonnage entitlement for an employee shall be at least one and a half tones.

(4) The rate of tonnage allowance shall be determined by the prevailing transportation costs of that particular time.

Certificate of service

17. Certificate of service provided for in section 44(2) of the Act shall be as prescribed in a form LAIF. 10 set out in the Second Schedule to these Regulations.

PART IV

TRADE UNIONS, EMPLOYERS' ASSOCIATIONS AND FEDERATIONS

Forms for registration of organization, federation and confederation

18. The principles and provisions of the Act regarding registration for organization, federations and confederation shall be carried out and effected in the prescribed forms set out in the Second and Third Schedule to these Regulations.

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*G.N. No. 47 (contd.)*

Register 19.-(1) The Registrar shall keep the register for-

- (a) trade union;
- (b) employers' association;
- (c) federation; and
- (d) confederation.

(2) The Registrar shall issue or refuse to issue a certificate of registration to the organization or federation in a manner prescribed in the Third Schedule.

Registration for organization 20.-(1) Trade Union shall be registered upon application to the Registrar using the prescribed form TUF. 1 set out the Third Schedule to these Regulations and on the payment of application fee prescribed in the Forth Schedule to these Regulations.

(2) Employer's association shall be registered upon application to the Registrar using the prescribed form TUF. 2 set out the Third Schedule to these Regulations and on the payment of application fee prescribed in the Forth Schedule to these Regulations.

(3) The registration under sections 46 and 48 of the Act shall be done within thirty days from date of application.

(4) The Register shall contain-

- (a) the name of the organization, federation or confederation;
- (b) physical and postal address, fax number, email address and telephone numbers of the registered office;
- (c) the titles and names of executive officers and trustees at the time of registration; and
- (d) the date of registration.

Registration of federation and 21. Federation or confederation shall be registered upon

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*G.N. No. 47 (contd.)*

confederation application to the Registrar using the prescribed form TUF. 3 set out in the Third Schedule to these Regulation.

Establishment of *bona fide* motive 22. Organization, federation or confederation shall not be registered unless it sets clearly a *bona fide* motive of its establishment by giving the Registrar any information as he may require for such purpose or do anything that he may consider necessary.

Area of recruitment 23.-(1) Subject to the provisions of sections 9 and 47 of the Act, a trade union or an employer's association shall expressly state in its constitution the areas from which it recruits its members.

(2) A trade Union or an employer's association which is recruiting members from areas other than specified in its constitution, commits an offence.

Notice of refusal to register 24. Where the Registrar refuses to register an organization, federation or confederation, he shall, within thirty days, notify the applicant in writing the reasons of such decision, as prescribed in the form TUF. 4 set out in the Third Schedule to these Regulations.

Certificate of registration 25. The Registrar shall issue a certificate of registration in the forms TUF. 5, TUF. 6 and TUF. 7 in a manner set out in the Third Schedule to these Regulations.

Loss of certificate 26.-(1) Where the certificate of registration under these Regulations is lost or destroyed, the respective executive officer shall, in writing, report to the Registrar for re-issuance of a new certificate.

(2) The Registrar shall, upon being satisfied of such loss or destruction, and on receipt of the prescribed fee, re-issue a new certificate.

(3) Subject to sub regulation (2), the applicant shall produce—

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*G.N. No. 47 (contd.)*

- (a) in case of a lost certificate, a loss report issued by Police; and
- (b) in case of a destroyed certificate, a copy of such certificate.

Notice of  
intention to  
cancel  
registration

27. The Registrar shall issue a notice of intention to cancel registration in a form TUF. 8 prescribed in the Third Schedule to these Regulations.

Notice of  
intention to  
change  
name,  
constitution  
and rules

28. Any organization or federation wishes to change the name, constitution or rules of organization shall notify the Registrar and fill in a prescribed form TUF. 9 set out in the Third Schedule.

Notice of  
refusal to  
approve  
change of  
name,  
constitution  
and rules

29. The registrar shall, in writing, notify an organization or federation, of his approval or refusal to approve any change of name, or change to the constitution and rules of a registered organization, in a relevant form prescribed form TUF. 10 and 11 as set out in the Third Schedule.

Public notice

30.-(1) The register and documents thereof shall be open to public and may be accessible upon making a written request and on payment of the prescribed fee specified in the Fourth Schedule to these Regulations.

(2) Subject to sub regulation (1), copies of or extracts may be issued by the Registrar within three days from the date of the request.

Notice of  
affiliation

31. Where an organization or federation affiliates with an international organization it shall, prior to such affiliation, notify the Registrar in writing specifying the nature and condition of it, in a prescribed form TUF. 12 set out in the Third Schedule to these



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*G.N. No. 47 (contd.)*

Regulations.

Notice of  
change of  
registered  
office,  
address or  
office  
bearers  
Cap. 366

32. Registered organization or federation shall, in writing, notify the Registrar of any change made under section 52 (2) (c) and (d) of the Act, as prescribed in a form TUF. 13 set out in the Third Schedule to these Regulations.

Fees

33. Fees specified in the Fourth Schedule to these Regulations shall be paid to effect the carrying out of the provisions and principles of these Regulations:

Provided that, Government Departments and Institutions shall be exempted from payment of fees under these Regulations.

Forms

34.-(1) The forms set out in the Third Schedule to these Regulations shall be used in all matters to which they refer.

(2) The forms made under these Regulations may be modified, adopted or altered by the Minister in expression to suit the purpose for which they were intended.

PART V

MISCELLANEOUS PROVISIONS

Offence and  
penalties

35. A person who contravenes provisions of these Regulations commits an offence and upon conviction shall be liable to a fine not exceeding one million shilling or imprisonment for a term of one year or both.

Specific  
penalty

36. A person who contravenes provisions of these Regulations, where no specific penalty is provided under the Act or these regulations, shall upon conviction, be liable to a fine not exceeding one million shilling or imprisonment for a term of one year or both.

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*G.N. No. 47 (contd.)*

Agency fee                      37.-(1) The agency fee deducted under this regulation shall-

- (a) be deducted from the membership fee paid to his union at the rate agreed by the union concerned;
- (b) not exceed half the fee paid by the employee to his union; and
- (c) in any way not more than the union fee paid by members.

(2) Nothing in this regulation shall be construed to prevent a deduction of agency fee from an employee who is not a member of a Trade Union.

Compliance to the Act                      38.-(1) The relevant authorities or businesses shall, in their dealings, comply with the provisions of the Act, these Regulations, Labour Laws and any other written laws.

(2) Where the compliance under sub regulation (1) is effected by mutual agreement, it shall be binding and legally acceptable terms contained therein shall form part of the employment standards or conditions.

(3) For the purpose of this regulation, “employment standards” means the standards specified under the Act.

(4) mutual agreement under sub-regulation (1), shall-

- (a) specify the implications of non-compliance;
- (b) engage employers participation in the social corporate responsibility by contributing and support to enforce voluntary initiatives for compliance in workplaces;
- (c) set specific timelines and make arrangements for-
  - (i) self-assessments, using the Compliance Checklist made under the Labour Institutions (General) Regulations, 2016 and send periodical returns to labour office; and
  - (ii) statutory workplace inspections and audits of employers’ self-assessment to be undertaken by the Labour Officer.

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*G.N. No. 47 (contd.)*

(4) In auditing the compliance pursuant to sub-regulation (1), the parties shall align with Labour Officer.

Exemptions  
Cap. 366

39. The Minister shall, in exercising his powers of exemption, use a prescribed form LAIF. 11 in a manner set out in the Second Schedule to these Regulations.

Grievance  
procedures

40.-(1) Grievance procedure prescribed in the Schedule to the Employment and Labour Relations (Code of Good Practice) Rules, 2007 shall be included in the workplace employment policy, practice, rules or regulations and be displayed in a conspicuous place.

(2) Employer shall ensure that employees are made aware and sensitized of the grievance procedures mentioned in sub regulation (1).

Revocation  
of G.N No.  
65 of 2007

41. The Employment and Labour Relations (Forms) Rules, 2007 are hereby revoked.

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SCHEDULES  
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*G.N. No. 47 (contd.)*

**FIRST SCHEDULE**

*Made under Regulation 3(2)*

**Hazardous Work For Children**

**LIST OF HAZARDOUS WORK FOR CHILDREN**

**A: AGRICULTURE**

<b>Tasks</b>	<b>Hazards</b>	<b>Physical and/or Psychosocial harm</b>
<ul style="list-style-type: none"><li>• Planting, weeding</li><li>• Applying pesticides including fertilizers</li><li>• Preparation of seed beds</li><li>• Pruning</li><li>• Harvesting and sorting</li><li>• Operating farm machinery</li><li>• Driving farm Vehicle,</li></ul>	<ul style="list-style-type: none"><li>• Heavy strenuous physical work</li><li>• Exposure to pesticides/fumigant</li><li>• Exposure to adverse weather condition</li><li>• Long working</li><li>• Use of sharp equipment and tools</li><li>• Inappropriate working tools and equipment</li><li>• Lack of proper PPE</li><li>• Poor sanitation in the farms</li></ul>	<ul style="list-style-type: none"><li>• Musculoskeletal injuries and diseases</li><li>• Pesticide Poisoning Food Poisoning</li><li>• Dehydration, colds and respiratory illnesses</li><li>• Cuts and Abrasions</li><li>• Gastrointestinal illnesses</li><li>• Noise induced hearing loss</li></ul>

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*G.N. No. 47 (contd.)*

<b>Task</b>	<b>Hazards</b>	<b>Physical and/or Psychosocial harm</b>
<ul style="list-style-type: none"> <li>• Assisting technicians in farm workshops</li> <li>• Carrying harvest to transport trucks</li> <li>• Carrying water basket</li> <li>• Carrying wastes for disposal</li> <li>• Feeding farm animals</li>   <li>• Cleaning animal houses</li> <li>• Cleaning spraying equipment</li> <li>• Fetching and carrying fire wood</li> <li>• Cooking for farm Workers</li> </ul>	<ul style="list-style-type: none"> <li>• Inadequate and poor meals</li> <li>• Exposure to excessive noise</li> <li>• Contaminant drinking water</li> <li>• Fires</li> <li>• Snakes and insects</li> <li>• Poor/awkward work posture</li>   <li>• Poisonous plants</li> <li>• Farm machinery</li> <li>• Excessive noise</li> <li>• Exposure to organic dusts</li> <li>• Livestock and wild animals</li> </ul>	<ul style="list-style-type: none"> <li>• Burns and scalds</li> <li>• Poor physical and mental development</li> <li>• Fatal or permanent disability due to injuries</li> <li>• Respiratory diseases e.g. asthma, farmers lung, bysinossis, etc</li> <li>• Allergic reactions from plant poisons</li> <li>• Skin diseases from infections animal wastes</li> <li>• Chemical poisoning from chemicals used in workshops</li> <li>• Depression</li> <li>• Loss of self esteem</li> <li>• Malnutrition</li> <li>• Fertility disorders</li> </ul>

**B: FISHERY**

<b>Tasks</b>	<b>Hazards</b>	<b>Physical and/or Psychosocial harm</b>
<ul style="list-style-type: none"> <li>• Placing and hauling fishnets</li> <li>• Repairing nets</li> <li>• Sorting fish carrying fish baskets</li> <li>• Cooking</li> <li>• Carrying ice blocks</li> <li>• Degutting, de-scaling, Bisecting fish</li> </ul>	<ul style="list-style-type: none"> <li>• Strenuous work</li> <li>• Long working hours</li> <li>• Repetitive work</li> <li>• Extreme weather</li> <li>• Sharp knives</li> <li>• Lack of adequate meals</li> <li>• Physical assault</li> <li>• Insect bite</li> <li>• Explosives</li> <li>• Lack of adequate rest</li> <li>• Harsh supervision</li> <li>• Poisoning fish</li> </ul>	<ul style="list-style-type: none"> <li>• Physical and mental fatigue</li> <li>• Injury related to fishing gear, explosion</li> <li>• Cuts and abrasions from knives, equipment</li> <li>• Carpal Tunnel Syndrome</li> <li>• Heat and cold stem</li> <li>• Poisoning from certain fish</li> <li>• Assault by fellow fishermen</li> </ul>

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*G.N. No. 47 (contd.)*

<ul style="list-style-type: none"> <li>• Fish salting and drying</li> <li>• Draining boats</li> <li>• Deep sea fishing</li> </ul>	<ul style="list-style-type: none"> <li>• Working underwater</li> <li>• Falling from vessel</li> <li>• Lack of clean water</li> <li>• Exposure to burning sun</li> <li>• Inappropriate tools, equipment and PPE</li> <li>• Poor technical condition of fishing vessel</li> <li>• Noise</li> <li>• Vibration</li> <li>• Over exertion</li> </ul>	<ul style="list-style-type: none"> <li>• Malnutrition/under nutrition</li> <li>• Skin diseases</li> <li>• Salt water boils</li> <li>• Allergic reaction due to cattle fish and weed</li> <li>• Conjunctivitis from sun glare</li> <li>• Physical injuries by fish (teeth, gills)</li> <li>• Alcohol and drug abuse</li> <li>• Noise induced hearing loss</li> <li>• Musculoskeletal disorders</li> <li>• Decompression sickness</li> <li>• Fatalities relate to accident at sea eg drowning</li> <li>• Poor physical and mental development</li> </ul>
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**C: MINING AND QUARRYING**

Tasks	Hazards	Physical/ Mental /Psychosocial harm
<ul style="list-style-type: none"> <li>• Shaft, drift or trench digging</li> <li>• Carrying ore from shaft</li> <li>• Drilling and blasting</li> <li>• Crushing ore</li> <li>• Grinding ore</li> <li>• Sifting ore</li> <li>• Panning wet and dry sand</li> <li>• Carrying water</li> <li>• Amalgamation and treating the mineral</li> </ul>	<ul style="list-style-type: none"> <li>• Handling heavy loads</li> <li>• Entering narrow passages</li> <li>• Using inappropriate tools</li> <li>• Falling blocks of ore</li> <li>• Collapsing tunnel</li> <li>• Falling down shaft</li> <li>• Lack of oxygen</li> <li>• Dust</li> <li>• Noise</li> <li>• Flooding and drowning</li> <li>• Heat and Cold</li> <li>• Insufficient light</li> <li>• Physical effort</li> <li>• Awkward work posture</li> </ul>	<ul style="list-style-type: none"> <li>• Injuries, death, or permanent disability</li> <li>• Musculoskeletal disorders</li> <li>• Fatigue</li> <li>• Noise induced hearing loss</li> <li>• Under nutrition</li> <li>• Lung diseases</li> <li>• Sunburn, skin cancer</li> <li>• Water – borne diseases</li> <li>• Mercurial poisoning</li> <li>• Sexually transmitted diseases including HIV/AIDS</li> </ul>

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<ul style="list-style-type: none"> <li>• Stone crushing in quarry</li> <li>• Loading stones in quarrying sites</li> </ul>	<ul style="list-style-type: none"> <li>• Toxic Gases</li> <li>• Explosives</li> <li>• Long time exposure to sun and water</li> <li>• Mercury fumes</li> <li>• Long working hours</li> <li>• Harsh supervision</li> <li>• Physical violence</li> <li>• Sexual harassment</li> <li>• Low or no incomes</li> <li>• Vibration</li> <li>• Lack of health service, clean water and family and community support</li> </ul>	<ul style="list-style-type: none"> <li>• Alcohol and drug abuse</li> <li>• Carpal Tunnel Syndrome</li> <li>• Low self esteem</li> <li>• Depression</li> <li>• Physical assault</li> <li>• Poor physical and mental development</li> <li>• Heat stress</li> </ul>
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**D: CONSTRUCTION**

Tasks	Hazards	Physical and/or Psychosocial harm
<ul style="list-style-type: none"> <li>• Cement mixing</li> <li>• Painting</li> <li>• Brick making (clay or cement)</li> <li>• Trenching</li> <li>• Carrying water</li> <li>• Carrying bricks</li> <li>• Excavation operation</li> <li>• Demolition operations</li> <li>• Motor vehicle helper</li> </ul>	<ul style="list-style-type: none"> <li>• Absence of sanitary facilities</li> <li>• Strenuous physical work</li> <li>• Fire in kiln</li> <li>• Manual lifting of heavy loads</li> <li>• Exposure to extreme weather conditions</li> <li>• Poor scaffolds and ladders</li> <li>• Inadequate or improper PPE</li> </ul>	<ul style="list-style-type: none"> <li>• Poor physical and mental development</li> <li>• Muscular skeletal disorders</li> <li>• Physical and mental fatigue</li> <li>• Infections diseases eg TB</li> <li>• Malnutrition</li> <li>• Falls causing Injuries and fatalities</li> <li>• Heat or cold stress</li> <li>• Depression</li> </ul>

*Employment and Labour Relations (General)*

*G.N. No. 47 (contd.)*

<ul style="list-style-type: none"> <li>• Store crushing in quarries and transportations to site</li> <li>• Carpentry</li> <li>• Plumbing</li> <li>• Welding</li> <li>• Masonry work</li> </ul>	<ul style="list-style-type: none"> <li>• Working at height</li> <li>• Poor inadequate meals</li> <li>• Poor wages</li> <li>• Poor working tools</li> <li>• Long working hours without break</li> <li>• Harsh supervision</li> <li>• UV exposure</li> <li>• Trench –cave-in</li> <li>• NOISE</li> <li>• DUST Vibrating</li> <li>• Vibrating tools</li> <li>• Physical violence</li> <li>• Sexual abuse</li> <li>• Migrant workers</li> </ul>	<ul style="list-style-type: none"> <li>• Dermatitis: HIV/AIDS</li> <li>• Reproductive ill – health</li> <li>• Respiratory illness asthma, cancer</li> <li>• Back injuries</li> <li>• Noise induced deafness</li> <li>• Vibration associated disorders</li> <li>• Alcohol and drug use</li> <li>• Depression</li> <li>• Assault</li> </ul>
--	---	---

**E: SERVICE SECTOR**

Tasks	Hazards	Physical and/or Psychosocial harm
<ul style="list-style-type: none"> <li>• Preparing food</li> <li>• Cleaning kitchen equipment and utensils</li> <li>• Washing clothes,</li> <li>• Hauling market supplier,</li> <li>• Cleaning equipment furniture and furnishings including toilets</li> <li>• Maintaining outside area</li> <li>• Repairing equipment and dwellings</li> </ul>	<ul style="list-style-type: none"> <li>• Sharp utensil</li> <li>• Hot oils/water</li> <li>• Fuels – burning</li> <li>• Low or no pay</li> <li>• Long working hours, few hours sleeping</li> <li>• Strenuous physical work</li> <li>• Poor meals</li> <li>• Work in awkward position</li> <li>• Lack of PPE</li> <li>• Repetitive physical work</li> <li>• Chemical exposure – disinfectants/cleaners</li> <li>• Wet work</li> <li>• Harsh supervision</li> <li>• Physical violence</li> </ul>	<ul style="list-style-type: none"> <li>• Cuts and abrasions</li> <li>• Scalds and Burns</li> <li>• Low morale/depression with multiple mental health problems</li> <li>• Poor mental and physical development</li> <li>• Musculo skeletal illnesses</li> <li>• Chemical poisoning</li> <li>• Skin diseases</li> <li>• Infection eg TB</li> <li>• Pregnancies</li> <li>• STD/HIV/AIDS</li> <li>• Injuries/ permanent disability even death</li> </ul>



*Employment and Labour Relations (General)*

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<ul style="list-style-type: none"> <li>• Giving personal assistance and care</li> <li>• Hauling firewood and other fuel</li> <li>• Providing security</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual abuse</li> <li>• Contact with infectious material</li> <li>• Working at height with ladders</li> <li>• Work with domestic animals or birds</li> </ul>	<ul style="list-style-type: none"> <li>• Contagious diseases</li> <li>• Physical and mental fatigue</li> <li>• Malnourishment</li> <li>• Prostitution</li> <li>• Allergies</li> </ul>
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**F: RESTAURANTS/HOTELS/BARS/GUEST HOUSE WORK**

<b>Tasks</b>	<b>Hazards</b>	<b>Physical and/or Psychosocial harm</b>
<ul style="list-style-type: none"> <li>• Utensils equipment cleaning</li> <li>• Scrubbing floors</li> <li>• Window cleaning</li> <li>• Cleaning toilets</li> <li>• Bed making</li> <li>• Washing beddings and furnishing</li> <li>• maintaining outside areas</li> <li>• Carrying water</li> </ul>	<ul style="list-style-type: none"> <li>• Low or no wages</li> <li>• Long working hours</li> <li>• House dust</li> <li>• Strenuous physical work</li> <li>• Chemical exposure</li> <li>• Awkward work posture</li> <li>• Repetitive physical work</li> <li>• Working at height</li> <li>• Harsh supervision</li> <li>• Wet work</li> <li>• Contact with infective agents</li> </ul>	<ul style="list-style-type: none"> <li>• Low morale/depression with multiple mental health problem</li> <li>• Poor physical and mental development</li> <li>• Musculoskeletal illnesses</li> <li>• Chemical related skin diseases</li> <li>• Inflectional (skin) (fungal/bacteria)</li> </ul>
<ul style="list-style-type: none"> <li>• Fetching firewood</li> <li>• Cooking food (street food stalls)</li> </ul>	<ul style="list-style-type: none"> <li>• Physical violence</li> <li>• Sexual abuse</li> <li>• Poor inadequate meals</li> <li>• Street dust</li> <li>• Motor vehicle exhausts</li> </ul>	<ul style="list-style-type: none"> <li>• Fall Injuries</li> <li>• Mental and Physical fatigue</li> <li>• STD/HIV AIDS</li> <li>• Early pregnancy</li> <li>• Physical assault</li> <li>• Physical and mental fatigue, Malnourishment</li> <li>• Alcohol and abuse</li> <li>• Respiratory diseases</li> <li>• Burns and scalds</li> </ul>

*Employment and Labour Relations (General)*

*G.N. No. 47 (contd.)*

**G: SERVICE SECTOR - COMMUNITY SERVICES**

Tasks	Hazards	Physical and/or Psychosocial harm
<ul style="list-style-type: none"> <li>• Cobblers</li> <li>• Electrical repair</li> <li>• Auto repair</li> <li>• Painting</li> <li>• Refuse collection</li> <li>• Tyre repairing</li> <li>• Laundry shops</li> <li>• Tailoring shop</li> <li>• Hair Dressing Salon</li> <li>• Barber shop</li> <li>• Shoe polishing</li> </ul>	<ul style="list-style-type: none"> <li>• Low income</li> <li>• Inappropriate equipment and tools</li> <li>• Lack of proper PPE</li> <li>• Heavy strenuous work</li> <li>• Poor working posture</li> <li>• Lack of good sanitation</li> <li>• Poor irregular meals</li> <li>• Physical violence</li> <li>• Inadequate ventilation and lighting</li> <li>• Chemical expose</li> </ul>	<ul style="list-style-type: none"> <li>• Poor mental and physical development</li> <li>• Physical and mental fatigue</li> <li>• Malnourishment</li> <li>• Skin and respiratory diseases</li> <li>• Injuries from sharp objects</li> <li>• Fall from heights</li> <li>• Dehydration</li> <li>• Depression with associated mental health problem</li> </ul>
<ul style="list-style-type: none"> <li>• Water vending</li> <li>• Scavenging</li> <li>• Street food vending</li> </ul>	<ul style="list-style-type: none"> <li>• Exposure to infectious agents</li> <li>• Working at night</li> <li>• Exposure to adverse weather</li> <li>• Long hours in the sun</li> </ul>	<ul style="list-style-type: none"> <li>• Physical assault</li> <li>• Alcohol and drug use</li> <li>• Heat/cold stress</li> <li>• Chemical intoxications</li> <li>• Musculoskeletal disorders</li> </ul>

*Employment and Labour Relations (General)*

*G.N. No. 47 (contd.)*

**H: TRADE SECTOR**

Tasks	Hazards	Physical and/or Psychosocial harm
<ul style="list-style-type: none"> <li>• Carrying and selling merchandise in the streets</li> </ul>	<ul style="list-style-type: none"> <li>• Heavy manual lifting/carrying</li> <li>• Working long hours in adverse weather – hot/cold weather</li> <li>• Exposure to dust and motor vehicle exhaust</li> <li>• Violent/difficult customers</li> <li>• Physical violence</li> <li>• Improper meals</li> <li>• Low financial returns                             <ul style="list-style-type: none"> <li>• Poor living condition</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Poor mental and physical development</li> <li>• Physical and mental fatigue</li> <li>• Dehydration</li> <li>• Undernourishment</li> <li>• Heat cold stress</li> <li>• Physical assault</li> <li>• Respiratory diseases</li> <li>• Depression</li> <li>• Diarrhoeal diseases</li> <li>• Drug/alcohol use</li> </ul>

**I: OTHER INFORMAL SECTOR OPERATIONS**

Tasks	Hazards	Physical and/or Psychosocial harm
<ul style="list-style-type: none"> <li>• Carpentry and Fixture workshop</li> <li>• Cotton ginning processing and production of hosiery goods</li> <li>• Detergents manufacturing</li> <li>• Jute textile manufacture and coir making</li> <li>• Lime kilns and manufacture of lime</li> </ul>	<ul style="list-style-type: none"> <li>• Wood dust</li> <li>• Noise</li> <li>• Work posture</li> <li>• Strenuous physical work</li> <li>• Chemical exposures</li> <li>• Hot surfaces</li> <li>• Naked wires</li> <li>• Lack of first aid</li> <li>• Poor ventilation</li> <li>• Lack of sanitation</li> <li>• Lack of sufficient light</li> <li>• Heavy manual lifting</li> </ul>	<ul style="list-style-type: none"> <li>• Physical and mental fatigue</li> <li>• Poor physical and mental development</li> <li>• Musculoskeletal disorders</li> <li>• Heat stress</li> <li>• Electrocutation</li> <li>• Fertility problems</li> <li>• Depression</li> <li>• Visual fatigue</li> <li>• Infectious diseases</li> <li>• Physical assault</li> </ul>

*Employment and Labour Relations (General)*

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<ul style="list-style-type: none"> <li>• Redamation of lead</li> <li>• Manufacturing of cement products</li> <li>• Manufacture of dye and dye stuff</li> <li>• Manufacture of and handling of pesticides</li> <li>• Pottery and ceramic manufactures</li> <li>• Metal fabrication</li> <li>• Welding</li> <li>• Shoe making</li> </ul>	<ul style="list-style-type: none"> <li>• Low or no information on safe work practices</li> <li>• Dangerous machines</li> <li>• Lack of PPE</li> <li>• Harsh supervision</li> <li>• Welding fumes</li> <li>• Exposure to excessive heat</li> <li>• Sharp objects</li> <li>• Long working hours</li> <li>• Exposure to organic dust</li> <li>• Exposure to chemicals</li> <li>• Noise</li> </ul>	<ul style="list-style-type: none"> <li>• Necrologies diseases</li> <li>• Noise induced hearing loss</li> <li>• Cancers</li> <li>• Heavy metal poisoning</li> <li>• Chronic lung diseases</li> <li>• Allergic disorders</li> <li>• Injuries, deformities and even deaths</li> </ul>
<ul style="list-style-type: none"> <li>• Carpet and mattress making</li> <li>• Cloth printing and Dying wearing garments</li> <li>• Hand and Power looms</li> <li>• Chemical Formulation</li> <li>• Foundry</li> <li>• Tanning</li> <li>• Gradation and cashew nuts descaling and processing</li> </ul>	<ul style="list-style-type: none"> <li>• Metal fumes</li> <li>• Radiation</li> <li>• Vibration</li> <li>• Repetitive work</li> <li>• Silica dust</li> <li>• Infectious materials</li> </ul>	

*Employment and Labour Relations (General)*

*G.N. No. 47 (contd.)*

F: TRANSPORT SECTOR

Tasks	Hazards	Physical and/or Psychosocial harm
<ul style="list-style-type: none"> <li>• Auto repair workshops</li> <li>• Service station</li> <li>• Garage</li> <li>• Carrying luggage</li> <li>• Cleaning vehicles</li> <li>• Loading goods into vehicles</li> </ul>	<ul style="list-style-type: none"> <li>• Strenuous physical work</li> <li>• Inappropriate tools and equipment</li> <li>• Lack of proper PPE</li> <li>• Poor irregular meals</li> <li>• Poor sanitation</li> <li>• Falls from heights</li> <li>• Working with dangerous machinery</li> <li>• Motor vehicle exhaust fumes</li> <li>• Manual handling</li> <li>• Chemical exposure</li> </ul>	<ul style="list-style-type: none"> <li>• Poor mental and physical development</li> <li>• Musculoskeletal disorders</li> <li>• Chemical poisoning</li> <li>• Infertility disorders</li> <li>• Infections diseases</li> <li>• Respiratory diseases</li> <li>• Injuries/death</li> <li>• Skin diseases</li> <li>• Poor mental and physical fatigue</li> <li>• Under-nutrition</li> </ul>
	<ul style="list-style-type: none"> <li>• Asbestos exposure</li> <li>• Oils/lubricants</li> <li>• Exposure</li> <li>• Physical violence</li> <li>• Low pay</li> <li>• Welding fumes</li> <li>• Flying objects</li> <li>• Insects and vermin</li> <li>• Harsh supervision</li> <li>• Long working hours</li> </ul>	<ul style="list-style-type: none"> <li>• Depression</li> <li>• Asbestosis/cancer</li> <li>• Cold/heat stress</li> <li>• Vector borne diseases</li> <li>• Physical assault</li> </ul>

*Employment and Labour Relations (General)*

G.N. No. 47 (contd.)

SECOND SCHEDULE

FORMS

LAIF. 9

**EMPLOYEES' RIGHTS FORM**

*(Made under Regulation 12)*

**PART I: RIGHTS UNDER THE ACT**

1. Right to exercise freedom of association
2. Right to be supplied with the Contract of Service/Statement of Particulars
3. Right to annual leave
4. Right to maternity/paternity/sick leave
5. Right to certificate of service on termination
6. Right to remuneration and written statement of particulars supporting each payment of remuneration
7. Right to payment for the overtime worked and night work allowance
8. Right to daily and weekly rest periods as provided for in the Act
9. Right to be repatriated to place of recruitment on termination
10. Right to daily subsistence allowance between termination date and the date of transporting an employee and family to the place of recruitment
11. Any other rights as provided for under the Act .....

**PART II: GENERAL RIGHTS UNDER CONTACT OF SERVICE**

.....  
.....

**PART III: GENERAL RIGHTS UNDER COLLECTIVE AGREEMENT**

.....  
.....

Name: ..... Signature: .....

Designation: ..... Date: .....

Employer's Common Seal: .....

**\*NOTE: Employer shall display dully filled copy of this form, in a conspicuous place at workplace**

*Employment and Labour Relations (General)*

G.N. No. 47 (contd.)

LAIF. 10

**CERTIFICATE OF SERVICE**

*(Made under Regulation 17)*

.....  
(Employer's Name and Address)

This is to certify that ..... (employee), has been working with us  
in the position of.....  
from..... to .....

Name: ..... Signature: .....

Designation: ..... Date: .....

Employer's Common Seal/Stamp.....

\_\_\_\_\_

Employment and Labour Relations (General)

G.N. No. 47 (contd.)

LAIF. 11



THE UNITED REPUBLIC OF TANZANIA

MINISTER'S EXEMPTION

(Made under Regulation 39)

P. O. Box .....

Ref. No. ....

To .....

.....

.....

Pursuant to powers conferred upon me under the provisions of section 100 (1) of the Act, having considered your application for an exemption from the employment standards contained in section (s)....., I hereby grant/refuse to grant the same, on the following grounds and/or conditions:-

.....  
.....  
.....

This exemption shall be effective within a period of ..... days/week(s)/month (s)/year (s) from..... and will involve the following employer(s) or category of employers:-

.....  
.....  
.....

Signed at ..... this..... day of ..... (month), 20.....

(Name and Signature).....

MINISTER RESPONSIBLE FOR LABOUR

Copy to: Trade Union Representative/Representative of the Affected Employees

Area Labour Officer



*Employment and Labour Relations (General)*

G.N. No. 47 (contd.)

**THIRD SCHEDULE**

**FORMS**

*(Made under Regulation 18)*

TUF. 1

**APPLICATION FOR REGISTRATION OF A TRADE UNION**

*(Made under Regulation 20 (1))*

This form is filled by the Secretary of the Trade Union and submitted to the Registrar of Organizations.

The form must be accompanied by a certified copy of the attendance register and minutes of its establishment meeting and a certified copy of its constitution and rules.

**DETAILS OF THE TRADE UNION**

We .....,  
(Name of the Trade Union), apply for registration of this Trade Union.

The position, names and addresses of national office bearers and union officials are:

**POSITION ..... NAME ..... WORK ADDRESS .....**

We have ..... members

Date this ..... day of ....., 20..... at .....

.....  
**Secretary**  
(Name, Signature and Official Stamp)

**DETAILS OF THE REGISTRAR OF ORGANISATIONS**

I, ....., (name of official),  
duly authorized thereto in terms of Section 43(2) Labour Institutions Act No. 7 of 2004; and  
satisfied that the information is substantially correct.

The application was lodged with the Registrar on .....  
(Date)

*Employment and Labour Relations (General)*

G.N. No. 47 (contd.)

TUF. 2

**APPLICATION FOR REGISTRATION OF EMPLOYERS' ASSOCIATION**

*(Made under Regulation 20(2))*

This form is filled by the Secretary of the Employers' Association and submitted to the Registrar of Organisations.

The form must be accompanied by a certified copy of the attendance register and minutes of its establishment meeting and a certified copy of its constitution and rules.

**DETAILS OF THE EMPLOYERS' ASSOCIATION**

We .....  
(Name of the Employers' Association), apply for registration of this employers' association.

The position, names and addresses of national office bearers and employers' association Officials are:

**POSITION ..... NAME ..... WORK ADDRESS .....**

We have ..... members

Date this ..... day of ....., 20..... at .....

.....  
**Secretary**  
(Name, Signature and Official Stamp)

**DETAILS OF THE REGISTRAR OF ORGANISATIONS**

I, ....., (name of official),  
duly authorized thereto in terms of Section 43 (2) Labour Institutions Act No. 7 of 2004; and  
satisfied that the information is substantially correct.

The application was lodged with the Registrar on .....  
(Date)

Dated this ..... day of ....., 20..... at .....

.....  
**Registrar of Organizations**  
(Name, Signature and Official Stamp)

*Employment and Labour Relations (General)*

*G.N. No. 47 (contd.)*

TUF. 3

**APPLICATION FOR REGISTRATION OF FEDERATION/CONFEDERATION**  
*(Made under Regulation 21)*

To: The Registrar of Organisation:

1. We, the several persons whose names are subscribed below on behalf of ..... (Federation/Confederation), hereby make application for the registration under the Employment and Labour Relations Act of a Federation/Confederation to be known as—  
.....
2. (i) The situation of the registered office of the Federation/Confederation is:  
.....  
(ii) The registered postal address of the Federation/Confederation is:  
.....  
(iii) The aforesaid Federation/Confederation was established on the ..... day of  
....., 20.....  
(iv) The purposes of the Federation/Confederation are—  
.....  
(v) We enclose herewith—
  - (a) Two copies of the Constitution and Rules of the Federation/Confederation, signed by us.
  - (b) Statement I showing the names, occupations and addresses of the executive officers making this application.
  - (c) Statement II showing the titles, names, ages, addresses and occupations of the officers and trustees of the Federation/Confederation.
3. We have been duly authorized by the Federation/Confederation to make this application on its behalf by a General meeting held at ..... on the ..... day of  
.....

**STATEMENT I: NAMES OF PERSONS MAKING APPLICATION FOR THE REGISTRATION**

Name	Occupation	Name and Address of Represented Organisation
.....	.....	.....
.....	.....	.....

**NOTE:** This application must be signed by at least five numbers of the body applying for registration.

**STATEMENT II: NAME OF OFFICERS FOR THE FEDERATION/CONFEDERATION**

To: The Registrar of Organisations,

Dated this ..... day of ....., 20..... at  
.....





THE UNITED REPUBLIC OF TANZANIA

**NOTICE OF REFUSAL TO REGISTER  
ORGANISATION/FEDERATION/CONFEDERATION**

*(Made under Regulation 24)*

I ..... from the powers conferred upon me under section 48(4) (b) of the Act, hereby notify ..... that the registration of..... as Organization/Federation/Confederation is refused, on the following grounds:

.....

Dated this ..... day of ....., 20..... at .....

.....  
**Registrar of Organizations**  
(Name, Signature and Official Stamp)

*Employment and Labour Relations (General)*

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G.N. No. 47 (contd.)

TUF. 5



THE UNITED REPUBLIC OF TANZANIA

**CERTIFICATE OF REGISTRATION OF A TRADE UNION**

*(Made under Regulation 25)*

This is to certify that ..... (name of the trade union)  
has been registered as a trade union, pursuant to Section 48 (5) (b) of the Labour Institutions Act.  
No.7 of 2004; with effect from ..... (date)

Dated this ..... day of ....., 20..... at .....

.....  
**Registrar of Organizations**  
(Name, Signature and Official Stamp)



THE UNITED REPUBLIC OF TANZANIA

**CERTIFICATE OF REGISTRATION OF AN EMPLOYERS' ASSOCIATION**

*(Made under Regulation 25)*

This is to certify that ....., (name of the employers' association) has been registered as an employers' association, pursuant to Section 48 (5) (b) of the Labour Institutions Act. No.7 of 2004; with effect from ..... (date)

Dated this ..... day of ..... 20..... at .....

.....  
**Registrar of Organizations**  
(Name, Signature and Official Stamp)



THE UNITED REPUBLIC OF TANZANIA

**CERTIFICATE OF REGISTRATION OF FEDERATION/CONFEDERATION**

*(Made under Regulation 25)*

This is to certify that the ..... (name of a federation/confederation) has been registered pursuant to section 48 of the Employment and Labour Relations Act as a Federation/Confederation with effect from ..... (date)

Dated this ..... day of ..... 20..... at .....

.....  
**Registrar of Organizations**  
(Name, Signature and Official Stamp)



*Employment and Labour Relations (General)*

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G.N. No. 47 (contd.)

TUF .8

**NOTICE OF INTENTION TO APPLY FOR CANCELLATION OF REGISTRATION  
OF ORGANISATIONS//FEDERATION/CONFEDERATION**

*(Made under Regulation 27)*

To: .....

This is to notify you pursuant to section 55(1) of the Act, that on expiry of 30 days from the date hereof, I intend to apply for cancellation of the registration of ..... as an Organisation/Federation/Confederation under the Act, unless cause is shown to my satisfaction on why such registration should not be cancelled. The grounds for such an intention are:  
.....

Dated this ..... day of ....., 20..... at .....

.....  
**Registrar of Organizations**  
(Name, Signature and Official Stamp)

**NOTICE OF CHANGE OF NAME, CONSTITUTION AND RULES OF ORGANIZATION OR FEDERATION**

*(Made under Regulation 28)*

To: The Registrar of Organisations,

1. We, the Secretary and members of the above named organisation/federation hereby give notice that by a resolution passed at a General Meeting of the Organization/Federation held at..... it was resolved, in accordance with provisions of section 50(2)(a) of Act, that the name/constitution/rules of the ..... (Organization/Federation) be changed from ..... to ..... and we hereby request that the same be altered in your Register, accordingly, as hereby attached.
2. This Organization/Federation has ..... members and ..... members voted in favour of the resolution.

Dated this ..... day of ....., 20..... at .....

.....  
**Secretary**  
(Name, Signature and Official Stamp)

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....

**Note:** This application must be signed by the Secretary and at least four members of the Organizations/Federation in case of employers and by the Secretary and at least six members of the Organization/Federation in case of employees.

*Employment and Labour Relations (General)*

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G.N. No. 47 (contd.)

TUF. 10

**NOTIFICATION OF REFUSAL TO REGISTER A CHANGE OF NAME/CONSTITUTION  
OR RULES OF ORGANIZATION/FEDERATION**

*(Made under Regulation 29)*

This is to notify you that registration of the change of name/constitution/rules of the  
..... (name of organizations/federations) to that of  
..... (proposed name/constitution/rules of  
Organizations/Federation) is refused, on the following grounds:

.....

Dated this ..... day of ....., 20..... at .....

.....  
**Registrar of Organizations**  
(Name, Signature and Official Stamp)



THE UNITED REPUBLIC OF TANZANIA

**CERTIFICATE OF REGISTRATION OF CHANGE OF NAME/CONSTITUTION/  
RULES OF ORGANIZATIONS/FEDERATION**

*(Made under Regulation 29)*

This is to certify that the change of the name/constitution/rules of .....  
(original name of Organizations/Federation/ Confederation) to .....  
(new name/constitution/rules of Organizations/Federation/Confederation) has been approved and  
registered pursuant to section 50(4) of the Act.

Dated this ..... day of ....., 20..... at .....

.....  
**Registrar of Organizations**  
(Name, Signature and Official Stamp)

*Employment and Labour Relations (General)*

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*G.N. No. 47 (contd.)*

TUF. 12

**NOTICE OF AFFILIATION**

*(Made under Regulation 31)*

To: The Registrar of Organisations

This is to notify you that the following registered Organization/Federation/Confederation ..... was affiliated to ..... (Federation/Confederation) based in ..... (place) on the ..... day of ....., 20.....

Important Details of the Federation/Confederation affiliated to are: .....

Dated this ..... day of ....., 20..... at .....

.....  
**Secretary**  
(Name, Signature and Official Stamp)

*Employment and Labour Relations (General)*

G.N. No. 47 (contd.)

TUF. 13

**NOTICE OF CHANGE OF REGISTERED OFFICE, OFFICIAL ADDRESS OR OFFICE BEARERS**

*(Made under Regulation 32)*

To: The Registrar of Organisations

This is to notify you pursuant to section 52 (2) (c) and (d) of the Act, that the location of the Registered Office of the ..... Organization/Federation is moved from ..... to ..... and/or that the Registered Official Address of the said Organizations/Federation is no longer ....., rather .....; and/or the office bearers will be as follows: .....; with effect from the ..... day of .....

Dated this ..... day of ..... 20..... at .....

.....  
**Secretary**  
(Name, Signature and Official Stamp)

*Employment and Labour Relations (General)*

G.N. No. 47 (contd.)

TUF. 14

**NOTIFICATION TO EXERCISE ORGANISATIONAL RIGHTS**  
(Made under Regulation 34(1))

DETAILS OF EMAIL AND PHYSICAL ADDRESS, TELEPHONE NOS. AND FAX NOS.  
OF HEAD OFFICE AND AREA OFFICES OF THE COMMISSION TO BE INSERTED  
HERE

**READ THIS FIRST:**

- A. **PURPOSE OF THE FORM**  
This form must be completed by a registered trade union that seeks to notify an Employer in terms of Section 64 of the employment and Labour Relations Act, that It seeks to exercise an organization right conferred under the Act.
- B. **WHO FILLS IN THE FORM?**  
The registered trade union seeking to excise organization rights, must complete the form.
- C. **HOW TO SERVE THE FORM?**  
The form must be served on the employer that the trade union has notified of its intention To exercise organization rights. The form may be served by hand, registered post or fax. The following constitutes proof of service:-
- By hand:- receipt signed by the party or a person who appears to be at least 18 years old and in charge of the party's place of residence or place of employment, or a signed statement by the person who served the document;
  - By registered post:- proof of posting from postal authorities;
  - By fax:- fax transmission slip confirming the fax was successfully transmitted.
- D. **WHAT HAPPENS AFTER THE FORM IS SERVED?**  
The employer must meet with the trade union within 30 days of receipt of this form, to attempt to conclude a collective agreement granting the organizational rights and regulating the manner in which the rights are to be exercised. If there is no agreement or the employer fails to meet with the union within 30 days, the union may refer a dispute to the Commission for Mediation and Arbitration. The Commission shall then refer the dispute to mediation.

1. UNION'S DETAILS

Union Seeking to exercise Full Name: \_\_\_\_\_  
Registration No: \_\_\_\_\_

*Employment and Labour Relations (General)*

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*G.N. No. 47 (contd.)*

Organizational rights enters details

Any acronym: \_\_\_\_\_ Date of reg. \_\_\_\_\_  
Postal address: \_\_\_\_\_  
\_\_\_\_\_  
Physical address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Persona: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Union insert employer's details here.

**2. EMPLOYER/EMPLOYER ASSOCIATION DETAILS**

Full Name: \_\_\_\_\_  
Registration No: \_\_\_\_\_  
Any acronym: \_\_\_\_\_ Date of reg. \_\_\_\_\_  
Postal address: \_\_\_\_\_  
\_\_\_\_\_  
Physical address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell: \_\_\_\_\_ Email: \_\_\_\_\_

If this applies to a number of Workplaces attach details on Separate paper

**3. WORKPLACE DETAILS**

Describe the physical address/Locality of workplace(s) at which the Union seeks to exercise organizational rights:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Possible rights in the ELRA Include:

- access (section 60)
- access to facilities
  
- Establishing a field branch (section 60(2) )
- deducting union dues (section 61)
- union representatives (section 62)
- paid time off for representatives (section 62 (5) )
- disclosure of information (section 62(6) )
- paid leave (section 63)

**4. ORGANISATIONAL RIGHTS**

Describe in detail the organisational rights that the Union seeks to exercise in respect of the Section 60(3) )

Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach additional paper if insufficient space here

Section 64(3) of the ELRA requires the parties to meet within 30 days to attempt to conclude an agreement

**5. PROPOSED DATES FOR MEETING**

The Union proposes a meeting with the Employer to discuss this Application on any of the following dates:



*Employment and Labour Relations (General)*

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*G.N. No. 47 (contd.)*

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Insert any other relevant information here

6. GENERAL

Any other matter which the Union wishes to  
bring to the Employer's attention:

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---

---

Signature: \_\_\_\_\_  
Name of Signatory: \_\_\_\_\_  
Capacity: \_\_\_\_\_  
Date: \_\_\_\_\_

*Employment and Labour Relations (General)*

G.N. No. 47 (contd.)

TUF. 15

**EMPLOYEE INSTRUCTION TO EMPLOYER TO DEDUCT DUES OF A  
REGISTERED TRADE UNION FROM EMPLOYEE'S WAGES**  
*(Made under Regulation 34(1))*

EMPLOYEE'S NAME: \_\_\_\_\_  
EMPLOYEE NUMBER: \_\_\_\_\_  
EMPLOYER NAME: \_\_\_\_\_  
TRADE UNION NAME: \_\_\_\_\_  
INITIAL MONTHLY UNION DUES: \_\_\_\_\_

1. I the abovementioned employee hereby instruct my employer to deduct monthly  
From my wages, trade union dues owing to my union.
2. I agree that the amount deducted may from time to time be increased, provided that I am  
Given written notification of this in advance.
3. I confirm my understanding that I am entitled at any stage to cancel this instruction by  
Giving one month's written notice to my trade union and my employer.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name and Signature

\_\_\_\_\_  
Date

*Employment and Labour Relations (General)*

G.N. No. 47 (contd.)

TUF. 16

**PRESCRIBED LIST OF UNION MEMBERS TO ACCOMPANY MONTHLY  
REMITTANCE BY EMPLOYER TO TRADE UNION OF TRADE UNION DUES  
DEDUCTED**

*(Made under Regulation 34(1))*

PURPOSE OF THE FORM

An Employer that deducts the dues of a registered trade union from its employees' wages, is obliged to complete this form monthly and forward it to the trade union. A copy of any notice of revocation given by an employee to cancel the authorization to deduct union dues, must accompany this form.

EMPLOYER NAME: \_\_\_\_\_

UNION NAME: \_\_\_\_\_

Employee Name	Employee Number	Employee Workplace	Date Deducted	Amount Deducted
			<b>TOTAL AMOUNT DEDUCTED</b>	

PERSON RESPONSIBLE FOR COMPLETING THIS FORM:

Signature: \_\_\_\_\_

Name of Signatory: \_\_\_\_\_

Capacity: \_\_\_\_\_

Date: \_\_\_\_\_



*Employment and Labour Relations (General)*

G.N. No. 47 (contd.)

TUF. 18

**LIST OF MEMBERS TO BE KEPT BY AN EMPLOYERS’  
ORGANIZATION/FEDERATION**  
*(Made under Regulation 34(1))*

This is the prescribed form for an employers’ association to keep records of their members as given by Section 52 (1) (a) in the Act.

(a) Full name and address of employer:	..... ..... .....
(b) Name and telephone No. of contract person:	..... .....
(c) Sector(s) in which engaged	..... .....
(d) Number of employees in each sector	..... .....

*Employment and Labour Relations (General)*

G.N. No. 47 (contd.)

TUF. 19

**RECOGNITION AS EXCLUSIVE BARGAINING AGENT**

*(Made under Regulation 34(1))*

DETAILS OF EMAIL AND PHYSICAL ADDRESS, TELEPHONE NOS. AND FAX NOS.  
OF HEAD OFFICE AND AREA OFFICES OF THE COMMISSION TO BE  
INSERTED HERE

**READ THIS FIRST:**

**A PURPOSE OF THE FORM**

This form must be completed by a registered trade union that intends to notify an employer or employer's association of its intention to seek recognition as the exclusive bargaining agent within an appropriate bargaining unit, as prescribed in Section 67 (3) of the Employment and Labour Relations Act.

**B WHO FILLS IN THE FORM?**

The registered trade union seeking recognition as a exclusive bargaining agent, must complete this Form.

**C HOW TO SERVE THE FORM?**

The Form may be served by a hand, registered post or fax. The following constitutes proof of service:

- by hand:- receipt signed by the party or a person who appears to be at least 18 years old and in charge of the party's place of residence or place of employment, or a signed statement by the person who served the document;
- by registered post:- proof of posting from postal authorities;
- by fax:- fax transmission slip confirming the fax was successfully transmitted.

**D WHAT HAPPENS AFTER THE FORM IS SERVED?**

The employer and the trade union must meet within 30 days of the notice having been served to attempt to conclude a collective agreement recognizing the trade union. This is prescribed by Section 67 (4) of the Employment and Labour Relations Act. If there is no agreement or the employer fails to meet with the trade union within the 30 days, the union may refer a dispute to the Commission for Mediation and Arbitration, which then refers it to mediation. The period of 30 days may be extended by agreement between the employer and the union.

**1. UNION'S DETAILS**

Union applying for recognition enters Full Name: \_\_\_\_\_

Details. If more than 1 Registration No: \_\_\_\_\_

*Employment and Labour Relations (General)*

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*G.N. No. 47 (contd.)*

Union applying jointly, attach details on separate paper

Any acronym: \_\_\_\_\_ Date of reg. \_\_\_\_\_

Postal address: \_\_\_\_\_

Physical address: \_\_\_\_\_

Contact Persona: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Union inserts employer's Details here.

**2. EMPLOYER/EMPLOYER ASSOCIATION DETAILS**

Full Name: \_\_\_\_\_

Registration No: \_\_\_\_\_

Any acronym: \_\_\_\_\_ Date of reg. \_\_\_\_\_

Postal address: \_\_\_\_\_

Physical address: \_\_\_\_\_

Contact Persona: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

If this applies to a number of Workplaces, attach details on separate paper.

**3. WORKPLACE DETAILS**

Describe the physical address/Locality of workplace(s) At which the Union seeks recognition as exclusive Bargaining agent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E.g. insert the job grades or Job descriptions of employees

**4: BARGAINING UNIT DETAILS**

Describe the categories of employees that the Union proposes should constitute the bargaining unit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Union must represent a majority of employees to be an exclusive bargaining agent. Documentary proof may be required by the employer to prove this (e.g signed union

**5. UNION MEMBERSHIP DETAILS**

5.1 How many employees within the bargaining unit (estimate)?

\_\_\_\_\_

*Employment and Labour Relations (General)*

---

*G.N. No. 47 (contd.)*

deduction forms, membership forms etc)

5.2 How many Union members within the bargaining unit?

5.3 Insert method used to determine Union membership \_\_\_\_\_

5.4 Is documentary proof available to substantiate this? \_\_\_\_\_

YES		NO	
-----	--	----	--

Section 67(4) of the ELRA requires the parties to meet within 30 days to attempt to conclude an agreement.

6. PROPOSED DATES FOR MEETING

The Union proposes a meeting with the Employer to discuss this Application on any of the following dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insert any other relevant Information here.

7. GENERAL

Any other matter which the Union wishes to bring to the Employer's attention:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Name of Signatory: \_\_\_\_\_

Capacity: \_\_\_\_\_

Date: \_\_\_\_\_



*Employment and Labour Relations (General)*

*G.N. No. 47 (contd.)*

CMA F.1

**REFERRAL OF A DISPUTE TO THE COMMISSION FOR MEDIATION AND  
ARBITRATION**

*(Made under Regulation 34(1))*

**DETAILS OF EMAIL AND PHYSICAL ADDRESS, TELEPHONE NOS. AND FAX  
NOS. OF HEAD OFFICE AND AREA OFFICES OF THE COMMISSION TO BE  
INSERTED HERE**

**READ THIS FIRST:**

**A. PURPOSE OF THE FORM**

This Form shall be completed if a party to a labour dispute intends to refer to dispute to the Commission in terms of section 86(1) of the Employment and Labour Relations Act.

**B. WHO FILLS IN THE FORM?**

The party wishing to refer the dispute – e.g. an employer, employee, union or employer’s organization – must complete this form.

**C. WHERE DOES THE FORM GO?**

To the other party or the dispute and a copy to the Commission in the area where the dispute has arisen, together with proof of the Form having been served on the other party or parties.

**D. HOW CAN THE FORM BE SERVED?**

By hand, registered post or fax. Proof of service on any other party must accompany the Form served on the Commission. The following constitutes proof on service.

- by hand: - receipt signed by the party or a person who appears to be at least 18 years old and in charge of the party’s place of residence or place of employment, or a signed statement by the person who served the document;
- by registered post:- proof of posting from postal authorities;
- by fax: fax transmission slip confirming the fax was successfully transmitted.

**E. WHAT HAPPENS WHEN THE FORM IS SUBMITTED?**

The Commission shall refer the dispute to mediation and advise all parties of the place, date and time of the first mediation meeting. Provide that the Commission may in certain

*Employment and Labour Relations (General)*

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circumstances refer the dispute direct to arbitration in terms of section 88 (3) of the Employment and Labour Relations Act.

IMPORTANT

THE RULES FOR MEDIATION AND ARBITRATION PUBLISHED BY THE COMMISSION REQUIRE A DISPUTE CONCERNING THE TERMINATION OF EMPLOYMENT TO BE REFERRED TO THE COMMISSION WITHIN 30 DAYS OF THE TERMINATION OR THE DATE THAT THE EMPLOYER MADE A FINAL DECISION TO TERMINATE OR UPHOLD THE DECISION TO TERMINATE. ALL OTHER DISPUTE TO BE REFERRED WITHIN 60 DAYS OF THE DISPUTE HAVING ARISEN. IF THIS DISPUTE IS REFERRED OUTSIDE THE TIME PERIODS STIPULATED, AN APPLICATION FOR CONDONATION FROM A PARTY TO THE DISPUTE SHALL ACCOMPANY THIS FORM. OTHERWISE THIS DISPUTE SHALL NOT BE PROCESSED

Tick the correct box

1. DETAILS OF PARTY REFERRING THE DISPUTE

If you are an employee fill in (a) below

As the referring party, are you:

If you are an employer, union official or representative or an employers' organization, fill in (b) below

An employee

An employer

A union official or representative

An employers' organisation

(a **If the referring party is an employee**)

Surname: \_\_\_\_\_

Fist Name: \_\_\_\_\_

Employee Identity Number: \_\_\_\_\_

Postal address: \_\_\_\_\_

Physical address: \_\_\_\_\_

Tel.: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax.: \_\_\_\_\_ Email: \_\_\_\_\_

(b **If the referring party is an employer, an employer, an employer's organization or union**)

Name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Physical address: \_\_\_\_\_

Tel.: \_\_\_\_\_ Cell: \_\_\_\_\_

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---

G.N. No. 47 (contd.)

Fax.: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact person: \_\_\_\_\_

Tick the correct box

2. DETAILS OF THE OTHER PARTY (TO THE DISPUTE)

If there is more than one other party, write the details of the additional parties on a separate page and staple it to this form

- An employee
- An employer
- A union
- An employers' organization

Name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Physical address: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Tick the correct box

3. NATURE OF THE DISPUTE

- Application/interpretation/implementation of any law or agreement relating to employment
- Negotiations about terms and conditions of employment
- Discrimination
- Termination of employment
- Organization rights
- Recognition as exclusive bargaining agent
- Disclosure of information
- Tort
- Breach of contract
- Other (please describe) \_\_\_\_\_

If the dispute concerns termination of employment complete Part B of this Form

Summarize the facts of the dispute you are referring (unless this is a termination dispute, in which case complete Part B of this Form)

If applicable, insert the amount

If this dispute is about a claim you are

*Employment and Labour Relations (General)*

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owed money, state the amount you believe you are owed:

The dispute arose on: \_\_\_\_\_  
(give the date, day, month and year)

The dispute arose where: \_\_\_\_\_  
(give the City/Town in which the dispute arose)

Suggest a fair solution to the dispute

4. OUTCOME OF MEDIATION

What outcome do you seek?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tick the correct box

5. INDUSTRY

Is the dispute in an essential service

Yes

No

Indicate the sector or service in which the dispute arose.

- Agriculture
- Building & Construction
- Cleaning
- Communications
- Contract
- Distribution
- Domestic
- Financial Services
- Food & Beverage
- Health
- Mining
- Private Security
- Public Service
- Retail Sector
- Textiles
- Transport
- Other (Please describe)

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6. SPECIAL FEATURES/ADDITIONAL INFORMATION

The commissioner provides interpretation services for official languages only.

(a Interpretation Service )

Parties may, at their own cost, bring interpreters for languages other than official languages.

Do you require an interpreter at mediation?  
YES

NO

If yes, please indicate for what language:

---

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

(b Other  
Briefly outline any special features/additional information the Commissioner needs to note:

---

---

7. APPLICATION FOR CONDONATION

A dispute concerning termination of employment to be referred to the Commission within 30 days, and other disputes within 60 days of the dispute having arisen

(a) Is an application for condonation for late filing of this dispute necessary? Tick the appropriate box

YES

NO

If yes, an application for Condonation Form shall be attached.

Proof that a copy of this form has been sent could be:

- A registered slip from the Post Office
- A signed receipt if hand delivered
- A signed statement by the person delivering the form
- A fax slip

8. INFORMING THE OTHER PARTY

I confirm that a copy of this form has been sent to the other party/parties to the dispute and proof of this is attached to this form

---

Signature

Name

Position

Date

*Employment and Labour Relations (General)*

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G.N. No. 47 (contd.)

**PART B**  
**ADDITIONAL FORM FOR TERMINATION OF EMPLOYMENT DISPUTES ONLY**

Termination disputes shall be referred (i.e. received by the Commission) within 30 days. If you are outside this period, you are required to apply for condonation.

(1) **COMMENCEMENT OF THE EMPLOYMENT**

When did you start working for your employer?

---

---

---

---

(2) **NOTICE OF TERMINATION**

Please give the date of your termination

---

How were you informed of your termination?

- By letter  
 At/After a disciplinary hearing  
 Verbally  
 Other (please describe)

---

---

**REASON FOR TERMINATION**

(3)

Why was your employment terminated?

- Misconduct  
 Operation requirements (retrenchment)  
 Incapacity  
 Incompatibility  
 Unknown  
 Other (please describe)

---

---

(4) **FAIRNESS/UNFAIRNESS OF TERMINATION**

(a) **Procedural Issues**

Do you feel that the termination was procedurally unfair? (i.e. not in terms of a fair procedure)

YES   
NO

*Employment and Labour Relations (General)*

---

*G.N. No. 47 (contd.)*

If yes, why?

---

---

(b) **Substantive Issues**

Do you feel that the reason for termination was unfair?

YES

NO

**If yes, why?**

---

---

**APPLICATION FOR CONDONATION OF LATE REFERRAL OF  
A DISPUTE TO THE COMMISSION FOR MEDIATION AND ARBITRATION**

*(Made under Regulation 34(1))*

DETAILS OF EMAIL AND PHYSICAL ADDRESS, TELEPHONE NOS. AND FAX NOS.  
OF HEAD OFFICE AND AREA OFFICES OF THE COMMISSION TO BE  
INSERTED HERE

**READ THIS FIRST:**

**A. PURPOSE OF THE FORM**

This form enables a party that has failed to comply with the time periods for referring a dispute to the Commission, to apply to have the dispute processed by the Commission. A dispute concerning termination of employment must be referred to the Commission within 30 days. All other disputes must be referred to the Commission within 60 days. The Rules for Mediation and Arbitration proceedings issued by the Commission set out the criteria to be applied in Determining condonation applications.

**B. WHO FILLS IN THE FORM?**

The party seeking application for condonation e.g. employer, employee, union or employers' organisation.

**C. WHERE DOES THE FORM GO?**

To the other party to the dispute and a copy to the Commission in the area where the dispute has arisen, together with proof of the form having been served on the other party.

**D. HOW CAN THE FORM BE SEVED?**

By hand, registered post or fax. Proof of service on any other party must accompany the form served on the Commission. The following constitutes proof of service:

- By Hand: receipt signed by the party or a person who appears to be at least 18 years old and in charge of the party's place of residence or place of employment,  
Or a signed statement by the person who served the document;
- By registered post: proof of posting from postal authorities;
- By fax: fax transmission slip confirming the fax was successfully transmitted.



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**E. WHAT HAPPENS AFTER THE FORM IS SERVED?**

The other party to the dispute may within 14 days oppose the application by filling written Submissions in accordance with the rules for Mediation and Arbitration proceedings. Thereafter the party seeking condonation may within 7 days submit a written reply to the opposition, in terms of the Rules.

A mediator appointed to deal with the dispute may decide the application for condonation according to the criteria specified in the Rules either on the basis of the parties' written Submissions or by calling the parties to a hearing to consider the matter.

**IMPORTANT**

THE FORM REFERRING THE DISPUTE TO THE COMMISSION MUST ACCOMPANY THIS FORM

check correct box

If you are an employee fill in  
(a) Below.  
If you are an employer, union  
Official or representative or an  
Employers' organization, fill in  
(b) Below

**1. DETAILS OF PARTY  
REFERRING THE DISPUTE**

As the referring party, are you:

- An employee
- An employer
- A union official or representative
- An employers' organisation

(a) If the referring party is an employee

Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Employee Identity Number: \_\_\_\_\_  
Postal address: \_\_\_\_\_

physical address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell : \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

(b) If the referring party is an employer, an  
employer's  
Organization or union

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G.N. No. 47 (contd.)

Name: \_\_\_\_\_  
Postal address: \_\_\_\_\_  
\_\_\_\_\_  
physical address: \_\_\_\_\_  
\_\_\_\_\_  
Tel: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact person: \_\_\_\_\_

Tick the correct box  
If there is more than one other  
Party, write the details of the  
Additional parties on a separate  
Page and staple it to this form

2. DETAILS OF THE OTHER PARTY (TO THE DISPUTE)

An employee  
An employer  
A union  
An employers' organisation  
Name: \_\_\_\_\_  
Postal address: \_\_\_\_\_  
\_\_\_\_\_  
physical address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Tel: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact person: \_\_\_\_\_

This may for example be the  
date that an employee was  
dismissed.

3. DATE THE DISPUTE AROSE

\_\_\_\_\_  
(give date, day, month and year)

Additional pages may be  
attached if the space below is  
Insufficient.

4. SUBMISSION IN SUPPORT OF THE APPLICATION  
FOR CONDONATION, IN RESPECT OF THE  
FOLLOWING CRITERIA:-

Provide details on the degree of  
lateness e.g how many days/weeks  
late is the application

**(a) degree of lateness**

\_\_\_\_\_  
\_\_\_\_\_

Provide reasons why the  
Dispute was referred late

**(b) reasons for lateness**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comment on your prospects of  
Succeeding in obtaining the  
Outcome you seek, if the  
Dispute is processed by the

**(c) the referring party's prospects of success in the  
dispute referred**

\_\_\_\_\_  
\_\_\_\_\_

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*G.N. No. 47 (contd.)*

Commission	_____
	_____
Comment on how the parties to The dispute would be affected By a granting or a refusal of the Condonation application	<b>(d) Any prejudice to the other party</b> _____ _____
Provide any other comments That may be relevant	<b>(e) Any other relevant factors</b> _____

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proof that a copy of this form  
Has been sent could be: \_\_\_\_\_

\_\_\_\_\_

- A fax slip/a registered 5. INFORMING THE  
OTHER PARTY  
Slip from the post Office
- A signed receipt if hand I confirm that a copy of this form  
has been sent to the Delivered other party/parties to the dispute and proof of  
this is attached to this form.
- A signed statement by the  
Person delivering the form

\_\_\_\_\_  
Signature                      Name                      Positive                      Date

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G.N. No. 47 (contd.)



THE UNITED REPUBLIC OF TANZANIA

**SUMMONS BEFORE THE COMMISSION FOR MEDIATION AND ARBITRATION  
(HATI YA WITO MBELE YA TUME YA USULUHISHI NA UAMUZI)**

*(Made under Regulation 34(1)) (Imetengenezwa Chini ya Kanuni ya 34(1))*

**Labour Dispute No. (Mgogoro wa kikazi Na.) .....**

**Between/Baina ya**

..... **Applicant (Mlalamikaji/Mwombaji)**

**And/Na**

..... **Respondent (Mlalamikiwa/Mjibu Maombi)**

**NOTICE TO ATTEND MEDIATION/ARBITRATION HEARING  
(TAARIFA YA KUITWA KUHUDHURIA KWENYE SHAURI LA  
USULUHISHI/UAMUZI)**

*Take notice that the above mentioned Mediation/Arbitration has been fixed for hearing on ..... day of ....., year..... at ..... hours, at ..... (Unaarifiwa kuwa shauri lililotajwa hapo juu, linalokuja kwa hatua ya Usuluhishi/Uamuzi, limepangwa kusikilizwa tarehe ..... Mwezi ..... Mwaka ....., saa .....mahali.....)*

*You are required to appear before the Commission in person and or accompanied by an Advocate/Personal representative as instructed, and produce on that day all relevant documents you intend to rely upon in support of your defence. You are further cautioned to remain in attendance until permitted by the Commission (Unatakiwa kufika binafsi ama kwa kuambatana na wakili/Mwakilishi wako mbele ya Tume kama ulivyoagizwa. Unapaswa kuleta vielelezo/nyaraka muhimu unazo kusudia kuzitumia katika utetezi wako. Unatahadharishwa usipuuze kutii wito huu na unatakiwa kubakia kwenye majengo ya Tume mpaka utakapo ruhuswa kuondoka na Tume).*

*Given under my hand and seal of the Commission, this ..... day of ....., year ..... (Imetolewa na kugongwa muhuri wa Tume leo tarehe ..... Mwezi ..... Mwaka, .....).*

Name (Jina)..... Signature (Sahihi):  
.....

*Employment and Labour Relations (General)*

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*G.N. No. 47 (contd.)*

**Record Officer/Mediator/Arbitrator (Afisa Masijala/Msuluhishi/Muamuzi)**

*Statement of the confirmation of service of summons (to be filled by a person who served the summons) (Uthibitisho wa kupokelewa kwa hati ya wito (itajazwa na mpelekaji wa hati ya wito):*

.....

..

*Name (Jina):* ..... *Designation (Cheo):* ..... *Signature (Sahihi):* .....  
*Date (Tarehe):* .....

**Particulars of the Person/Office/Official who is served with the summons (Taarifa za Mtu/Ofisi/Afisa aliyepokea Hati ya Wito)**

*Name (Jina):* ..... *Designation (Cheo):* ..... *Place (Mahali):* .....  
*Time (Muda):* ..... *Signature (Sahihi):* ..... *Stamp (Muhuri):* .....  
.....

CMA F.4

*Employment and Labour Relations (General)*

G.N. No. 47 (contd.)



THE UNITED REPUBLIC OF TANZANIA

**SUMMONS FOR THE WITNESS TO APPEAR BEFORE THE ARBITRATION HEARING**  
*(Made under Regulation 34(1))*

AT: .....

Name: .....

Address: .....

.....

LABOUR DISPUTE No: .....

**BETWEEN**

..... **COMPLAINANT**

**AND**

..... **RESPONDENT**

Take NOTICE that the above mentioned Mediation/Arbitration has been fixed for hearing on ..... day of ..... year, ..... at ..... hours, at CMA Offices, located at .....

You are required to appear before the Commission as instructed, in person, to give evidence on the above dispute without fail. You are further continued to remain in attendance until permitted by the Commission.

Given under my hand and seal of the Commission, this ..... day of ..... year .....

.....  
**Mediator/Arbitrator**

CMA F.5



*Employment and Labour Relations (General)*

*G.N. No. 47 (contd.)*

APPLICANT'S NAME: \_\_\_\_\_

RESPONDENT'S NAME: \_\_\_\_\_

LABOUR DISPUTE NUMBER: \_\_\_\_\_

DATE OF REFERRAL OF DISPUTE TO THE CMA: \_\_\_\_\_

NATURE OF DISPUTE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAS THE DISPUTE BEEN RESOLVED?

YES		NO	
-----	--	----	--

MEDIATOR'S COMMENTS (IF ANY)

\_\_\_\_\_  
\_\_\_\_\_

NAME AND SIGNATURE OF THE APPLICANT:

\_\_\_\_\_

NAME AND SIGNATURE OF THE RESPONDENT:

\_\_\_\_\_

MEDIATOR'S NAME:

\_\_\_\_\_

MEDIATOR'S SIGNATURE:

\_\_\_\_\_

DATE:

\_\_\_\_\_

CMA F.7



THE UNITED REPUBLIC OF TANZANIA

**SETTLEMENT AGREEMENT UNDER MEDIATION**



*Employment and Labour Relations (General)*

*G.N. No. 47 (contd.)*

*(Made under Regulation 34(1))*

**LABOUR DISPUTE No. ....**

**BETWEEN**

..... **(Applicant(s))**

**AND**

..... **(Respondent(s))**

**The above matter concerns a dispute on:**

.....  
.....

**Parties have agreed as follows;**

- .....
- .....
- .....
- .....
- .....
- .....
- .....
- .....
- .....

**This is a full/partial settlement of the dispute.**

..... . .....

**Applicant/Representative's Signature      Respondent/Representative's Signature**

**Before me (Mediator's Name): .....**

*Employment and Labour Relations (General)*

G.N. No. 47 (contd.)

**Signature:** ..... **Date:** .....

CMA F.8

**NOTICE TO REFER A DISPUTE TO ARBITRATION**

*(Made under Regulation 34(1))*

**DISPUTE NO:** .....

.....  
**APPLICANT**

.....  
**RESPONDENT**

**(To be filled by the complainant, pursuant to Section 86 (7) (b) (i) of the Act)**

Reference is made to the certificate of non-settlement of the dispute issued by the Commission on..... Take notice that the applicant herein is desirous to refer the dispute to Arbitration. I pray that summons be issued to the respondent, and both of us be notified on the date of hearing.

Signed at: ..... this: ..... day of: ....., ..... (year)

.....  
**RECORDS OFFICER**

**Copy to be served upon:**

.....

CMA F.10

**NOTICE OF INTENTION TO SEEK FOR REVISION OF AWARD**

*(Made under Regulation 34(1))*

**LABOUR DISPUTE No:** .....

**BETWEEN**

..... **APPLICANT**

**AND**

..... **RESPONDENT**

**TAKE NOTICE** that the Applicant/Respondent being dissatisfied with the

*Employment and Labour Relations (General)*

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*G.N. No. 47 (contd.)*

Commission's award in the above mentioned Labour Dispute issued on ..... by Honourable ..... DO HEREBY intend to seek Revision/Review to the High Court of Tanzania (Labour Division) against the said award.

Please forward as expeditiously as possible certified copies of proceedings and award to the:

High Court of Tanzania,  
(Labour Division)  
..... (Place).

Dated at ..... this ..... day of .....

.....  
**Applicant**

Presented for filing this ..... day of ..... (year)

.....  
**Registry Clerk**

**Copy:  
Respondent**

*Employment and Labour Relations (General)*

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*G.N. No. 47 (contd.)*

—————  
**FOURTH SCHEDULE**  
—————

*(Made under regulation 33)*

—————

**FEES**

The following fees shall be payable to Registrar:

1. Application of registration.....200,000/=
2. Alteration of rules, change of name, re-registration of officers...50000/=
3. For a copy of certificate of registration or for authentication not otherwise provided for .....30000/=
4. For inspection of register entries and documents filed by or with registrar relating to any organization ...30000/=
5. For a copy or extract from any document in the custody of the registrar 5000/= per page, in addition to the fee for authentication by the Registrar, where such authentication is required is 10000/=

Dar es Salaam,  
....., 2017

JENISTA J. MHAGAMA,  
*Minister of State, Prime Minister's Office,  
Labour, Youth, Employment and  
Persons with Disability*