| CMR Eastern Cape |
|--|
| PAIA MANUAL |
| Prepared in terms of section 51 of the Promotion of Access to Information Act 2 of 2000 (as amended) |
| DATE OF COMPILATION: 06/10/2021 DATE OF REVISION: 06/10/2021 |



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2. List of Acronyms and Abbreviations

| 1.1 | "IO" | Information Officer; |
|-----|-------------|--|
| 1.2 | "Minister" | Minister of Justice and Correctional Services; |
| 1.3 | "PAIA" | Promotion of Access to Information Act No.2 of 2000 (as Amended; |
| 1.4 | "POPIA" | Protection of Personal Information Act No.4 of 2013; |
| 1.5 | "Regulator" | Information Regulator; and |
| 1.6 | "Republic" | Republic of South Africa |

3. Purpose of PAIA Manual

This PAIA Manual is useful for the public to-

- 2.1 check the categories of records held by a body which are available without a person having to submit a formal PAIA request;
- 2.2 have a sufficient understanding of how to make a request for access to a record of the body, by providing a description of the subjects on which the body holds records and the categories of records held on each subject;
- 2.3 know the description of the records of the body which are available in accordance with any other legislation;
- 2.4 access all the relevant contact details of the Information Officer and Deputy Information Officer who will assist the public with the records they intend to access;
- 2.5 know the description of the guide on how to use PAIA, as updated by the Regulator and how to obtain access to it;
- 2.6 know if the body will process personal information, the purpose of processing of personal information and the description of the categories of data subjects and of the information or categories of information relating thereto;
- 2.7 know the description of the categories of data subjects and of the information or categories of information relating thereto;
- 2.8 know the recipients or categories of recipients to whom the personal information may be supplied;



- 2.9 know if the body has planned to transfer or process personal information outside the Republic of South Africa and the recipients or categories of recipients to whom the personal information may be supplied; and
- 2.10 know whether the body has appropriate security measures to ensure the confidentiality, integrity and availability of the personal information which is to be processed.

4. Key Contact Details for Access to Information of the Office of CMR Eastern Cape

1.1. Information Officer

Name: Magda von Solms

Tel: +27 41 484 3554

Email: cmr-pe@webafrica.org.za

Physical Address: 16 Mount Road, North End, Port Elizabeth

1.2. Access to information general contacts

Email: cmr-pe@webafrica.org.za

1.3. Provincial or Head Office

Postal Address: P.O Box 3217, North End, Ggeberha (Port Elizabeth)

Physical Address: 16 Mount Road, North End, Ggeberha

Telephone: +27 41 484 3554

Email: cmr-pe@webafrica.org.za

Guide on How to Use PAIA And How to Obtain Access to the Guide [S 51(1)(B)(I)]

- 5.1. The Regulator has, in terms of section 10(1) of PAIA, as amended, updated and made available the revised Guide on how to use PAIA ("Guide"), in an easily comprehensible form and manner, as may reasonably be required by a person who wishes to exercise any right contemplated in PAIA and POPIA.
- 5.2. The Guide is available in each of the official languages and in braille.
- 5.3. The aforesaid Guide contains the description of -
 - 5.3.1. the objects of PAIA and POPIA;



- 5.3.2. the postal and street address, phone and fax number and, if available, electronic mail address of-
 - 5.3.2.1. the Information Officer of every public body, and
 - 5.3.2.2. every Deputy Information Officer of every public and private body designated in terms of section 17(1) of PAIA¹ and section 56 of POPIA²:
- 5.3.3. the manner and form of a request for-
 - 5.3.3.1. access to a record of a public body contemplated in section 11³; and
 - 5.3.3.2. access to a record of a private body contemplated in section 50⁴;
- 5.3.4. the assistance available from the IO of a public body in terms of PAIA and POPIA;
- 5.3.5. the assistance available from the Regulator in terms of PAIA and POPIA;
- 5.3.6. all remedies in law available regarding an act or failure to act in respect of a right or duty conferred or imposed by PAIA and POPIA, including the manner of lodging-
 - 5.3.6.1. an internal appeal;
 - 5.3.6.2. a complaint to the Regulator; and
 - 5.3.6.3. an application with a court against a decision by the information officer of a public body, a decision on internal appeal or a decision by the Regulator or a decision of the head of a private body;
- 5.3.7. the provisions of sections 14⁵ and 51⁶ requiring a public body and private body, respectively, to compile a manual, and how to obtain access to a manual;
- 5.3.8. the provisions of sections 15⁷ and 52⁸ providing for the voluntary disclosure of categories of records by a public body and private body, respectively;
- 5.3.9. the notices issued in terms of sections 22⁹ and 54¹⁰ regarding fees to be paid in relation to requests for access; and

¹ Section 17(1) of PAIA- For the purposes of PAIA, each public body must, subject to legislation governing the employment of personnel of the public body concerned, designate such number of persons as deputy information officers as are necessary to render the public body as accessible as reasonably possible for requesters of its records.

² Section 56(a) of POPIA- Each public and private body must make provision, in the manner prescribed in section 17 of the Promotion of Access to Information Act, with the necessary changes, for the designation of such a number of persons, if any, as deputy information officers as is necessary to perform the duties and responsibilities as set out in section 55(1) of POPIA.

³ Section 11(1) of PAIA- A requester must be given access to a record of a public body if that requester complies with all the procedural requirements in PAIA relating to a request for access to that record; and access to that record is not refused in terms of any ground for refusal contemplated in Chapter 4 of this Part.

⁴ Section 50(1) of PAIA- A requester must be given access to any record of a private body if-

a) that record is required for the exercise or protection of any rights;

b) that person complies with the procedural requirements in PAIA relating to a request for access to that record; and

c) access to that record is not refused in terms of any ground for refusal contemplated in Chapter 4 of this Part.

⁵ Section 14(1) of PAIA- The information officer of a public body must, in at least three official languages, make available a manual containing information listed in paragraph 4 above.

⁶ Section 51(1) of PAIA- The head of a private body must make available a manual containing the description of the information listed in paragraph 4 above.

⁷ Section 15(1) of PAIA- The information officer of a public body, must make available in the prescribed manner a description of the categories of records of the public body that are automatically available without a person having to request access

⁸ Section 52(1) of PAIA- The head of a private body may, on a voluntary basis, make available in the prescribed manner a description of the categories of records of the private body that are automatically available without a person having to request access

⁹ Section 22(1) of PAIA- The information officer of a public body to whom a request for access is made, must by notice require the requester to pay the prescribed request fee (if any), before further processing the request.



- 5.3.10. the regulations made in terms of section 92¹¹.
- 5.4. Members of the public can inspect or make copies of the Guide from the offices of the public and private bodies, including the office of the Regulator, during normal working hours.
- 5.5. The Guide can also be obtained-
 - 5.5.1. upon request to the Information Officer;
 - 5.5.2. from the website of the Regulator (https://www.justice.gov.za/inforeg/).
- 5.6. A copy of the Guide is also available in the following two official languages, for public inspection during normal office hours -
 - 5.6.1. Afrikaans & English
- 6. Categories of Records CMR Eastern Cape which are Available without a Person Having to Request Access [S 51(1)(B)(Ii)]

| Category of records | Types of the Record | Available on Website | Available upon request |
|---------------------|---------------------|-------------------------|------------------------|
| General | | | X |

7. Description of the Records of CMR Eastern Cape Which Are Available in Accordance With Any Other Legislation [Sect 51(1)(B)(Iii)]

| Catego | ory of Records | Applicable Legislation |
|-------------|--------------------------------------|---|
| Record | containing the following information | Basic Conditions of Employment Act 75 of 1997 |
| Section 31: | | |
| • | employee's name and occupation; | |
| • | time worked (attendance register); | |
| • | remuneration paid (wages register); | |
| • | date of birth if under 18 years of | |

¹⁰ Section 54(1) of PAIA- The head of a private body to whom a request for access is made must by notice require the requester to pay the prescribed request fee (if any), before further processing the request.

¹¹ Section 92(1) of PAIA provides that –"The Minister may, by notice in the Gazette, make regulations regarding-

⁽a) any matter which is required or permitted by this Act to be prescribed;

⁽b) any matter relating to the fees contemplated in sections 22 and 54;

⁽c) any notice required by this Act;

⁽d) uniform criteria to be applied by the information officer of a public body when deciding which categories of records are to be made available in terms of section 15; and

⁽e) any administrative or procedural matter necessary to give effect to the provisions of this Act."



| age. | |
|---|--|
| PAIA Manual | Promotion of Access to Information Act 2 of 2000 |
| A copy of the Occupational Health and | Occupational Health and Safety Act 85 of 1993 |
| Safety Act 85 of 1993 | |
| All records required by the Act. | Compensation for Occupational Injuries and |
| | Diseases Act 130 of 1993 |
| Summary of the Employment Equity Act, 55 | Employment Equity Act 55 of 1998 |
| of 1998, issued in terms of Section 25(1) | |
| All records required by the Act. | Income Tax Act 58 of 1962 |
| Records of disciplinary hearings (if any) | Labour Relations Act 66 of 1995 |
| Records detailing the contributions by | Unemployment Insurance Act 30 of 1966 |
| contributors employed by the employer in | |
| respect of earnings paid, time worked, | |
| payments made for piece work and | |
| overtime. | |
| All records required by the Act. | Value Added Tax Act 58 of 1962 |
| All records required by the Act. | Protection of Personal Information Act 4 of 2013 |

8. Description of the Subjects On Which the Body Holds Records and Categories of Records Held on Each Subject By CMR Eastern Cape

| Subjects on which the body holds records | Categories of records |
|--|--------------------------------|
| Administration | Attendance registers |
| | Correspondence |
| | Founding Documents |
| | Licences (categories) |
| | Minutes of Management Meetings |
| | Minutes of Staff Meetings |
| | Statutory Returns |
| Human Resources | Conditions of Service |



| Subjects on which the body holds records | Categories of records |
|--|--|
| | Employee Records |
| | Employment Contracts |
| | Employment Equity Records |
| | General Correspondence |
| | Industrial and Labour Relations Records |
| | Information relating to Health and Safety Regulations |
| | Pension and Provident Fund Records |
| | Performance Appraisals |
| | Personnel Guidelines, Policies and Procedures |
| | Remuneration Records |
| | Skills Requirements |
| | Statutory Records |
| | Training Records |
| Operations | Operational Records |
| Finances | Annual Financial Statements |
| | Asset Register |
| | Banking Records |
| | Budgets |
| | Contracts |
| | Financial Transactions |
| | General Correspondence |
| | Insurance Information |
| | Internal Audit Records |
| | Management Accounts |
| | Purchase and Order Information |
| | Stock Records |
| | Tax Records |



| Subjects on which the body holds records | Categories of records |
|---|--|
| Information Technology | IT Policies and ProceduresNetwork DiagramsUser Manuals |
| Client Records Note: In the health sector, personal and patient information are protected by legislation and ethical rules, disclosures can only take place within those frameworks. | Any records a client has provided to the Private Body or a third party acting for or on behalf of the Private Body Client lists Clients need assessement Clients Personal Records Client Evaluation Records Funding records Agreements Consent Financial and billing information |
| Third Part Information | Which may be in our possession but which would be subject to the conditions set in relation to such possession and use or purpose limitations. |

9. Processing Of Personal Information

9.1. Purpose of Processing Personal Information [S 51(1)(c)(i)]

| Description of category of data subjects | Purpose of the Processing |
|--|---|
| Employees | Human Resource Management Verification of applicant employees' information during recruitment process General matters relating to employees: a. Pension; b. Medical aid; c. Payroll; |



| | d. Disciplinary action; |
|--------------------------------------|--|
| | e. Training relationship. |
| | 4. Any other reasonably required purpose relating |
| | to the employment or possible employment |
| | 5. Legal obligation |
| Clients / Candidates | 1. Registration as a client. |
| | 2. Compliance with Legislation. |
| | 3. Delivering of Service. |
| | 4. Manage payments, etc. |
| | 5. Manage our relationship. |
| Visitors | Security of employees and facilities. |
| Suppliers, professional advisers and | Administration of Agreement |
| consultants | 2. Verifying and updating information |
| | 3. Performing duties in terms of any agreement. |
| | 4. Make, or assist in making, credit decisions. |
| | 5. Operate and manage accounts and manage any |
| | application, agreement or correspondence |
| | vendors may have with the Organisation. |
| | 6. Communicating with vendors by email, SMS, letter, telephone or in any other way about the |
| | Organisation's the services. |
| | 7. Performing other administrative and |
| | operational purposes including the testing of systems. |
| | 8. Recovering any debt vendors may owe the Organisation. |
| | 9. Complying with the Organisation's regulatory and other obligations. |
| | 10. Any other reasonably required purpose relating |
| | to the Organisation business |
| Public Bodies (e.g. Department of | 1. Legal obligation |
| Social Development; Department of | |
| Health) and Statutory Bodies | |



9.2. Description of the categories of Data Subjects and of the information or categories of information relating thereto [S 51(1)(c)(ii)]

| Category of data subjects | Information or categories of information relating |
|--------------------------------------|---|
| | thereto |
| Employees | Full name and identifying particulars. |
| | 2. Occupation of the employee. |
| | 3. Remuneration paid. |
| | 4. Tax which has been deducted. |
| | 5. Unemployment insurance fund contributions. |
| | 6. Disciplinary Proceedings. |
| | 7. Banking Details. |
| | 8. List / register list of every security officer and |
| | other person employed. |
| | 9. List or register of every security officer made |
| | available or whose services are made available. |
| | 10. Wage & Remuneration Register |
| | 11.Copies of payslips. |
| | 12.Attendance register |
| Clients | 1. Names. |
| | 2. Contact details. |
| | 3. Postal address. |
| | 4. Date of birth. |
| | 5. ID number. |
| | 6. Race. |
| | 7. Gender. |
| | 8. Sex. |
| | 9. Pregnancy. |
| | 10. Marital status. |
| | 11. Ethnic or social origin. |
| | 12. Physical or mental health. |
| | 13. Well-being. |
| | 14. Disability. |
| | 15. Religion. |
| | 16. Language. |
| | 17. Confidential correspondence. |
| Visitors | Full name and identifying particulars |
| Suppliers, professional advisers and | Company, Contact Person and Banking Details. |
| consultants | 2. Professional details. |



| Public Bodies (e.g. Department of | Information as required by legislation |
|-----------------------------------|--|
| Social Development; Department of | |
| Health) and Statutory Bodies | |
| | |

9.3. The recipients or categories of recipients to whom the personal information may be supplied [S 51(1)(c)(iii)]

| Category of data subjects | Information or categories of information relating |
|--|---|
| | thereto |
| Employees | SA Revenue Services (SARS); Relevant statutory bodies such as the HPCSA and Council for Medical Schemes (CMS); Board of Healthcare Funders of SA (BHF); Companies and Intellectual Property Commission (CIPC); Medical schemes; Contractors and vendors; |
| | Patients; Relevant public bodies, including government departments, e.g. Compensation Commissioner, Road Accident Fund (RAF), UIF, Department of Labour; Banks; Professional societies; Vetting agencies (e.g. of qualifications); |
| Clients | Hospitals Banks; Auditors; Public Bodies in terms of statutory duty |
| Visitors | Legal practitioners Relevant governmental bodies, for example SAPS |
| Suppliers, professional advisers and consultants | Staff members |
| Public Bodies (e.g. Department of Social Development; Department of Health) and Statutory Bodies | 1. As required by legislation |



9.4. Planned transborder flows of personal information

- 8.4.1. Whenever we transfer your Personal Information out of the country, we ensure a similar degree of protection is afforded to it by ensuring at least one of the following safeguards is implemented:
 - (a) We will only transfer your Personal Information to countries that have appropriate data protection and privacy legislation to protect your Personal Information.
 - (b) Where we use certain service providers, we conclude an agreement with them to confirm that your Personal Information is confidential, they can only process on our instructions and that they should establish and maintain appropriate technological and organisational measures to protect your Personal Information.
 - (c) Where we use providers based in the US, we may transfer data to them if they are part of the Privacy Shield which requires them to provide protection to Personal Information similar to the principles under the GDPR, which we believe are good principles to ensure compliance.
- 8.4.2. By submitting your Personal Information to us you consent to the transfer of your Personal Information outside the borders of the Republic of South Africa.

9.5. General description of Information Security Measures to be implemented by the responsible party to ensure the confidentiality, integrity and availability of the information

8.5.1. **CMR Eastern Cape** undertakes to institute and maintain the data protection measures to accomplish the following objectives outlined below. The details given are to be interpreted as examples of how to achieve an adequate data protection level for each objective. **CMR Eastern Cape** may use alternative measures and adapt to technological security development, as needed, provided that the objectives are achieved.

1. Access Control of Persons:

CMR Eastern Cape shall implement suitable measures in order to prevent unauthorized persons from gaining access to the data processing equipment where the data are processed.

2. Data Media Control:

CMR Eastern Cape undertakes to implement suitable measures to prevent the unauthorized manipulation of media, including reading, copying, alteration or removal of the data media used by **CMR Eastern Cape** and containing personal information of data subjects.

3. Data Memory Control:

CMR Eastern Cape undertakes to implement suitable measures to prevent unauthorized input into data memory and the unauthorised reading, alteration or deletion of stored data.



4. User Control:

CMR Eastern Cape shall implement suitable measures to prevent its data processing systems from being used by unauthorised persons by means of data transmission equipment.

5. Access Control to Data:

CMR Eastern Cape represents that the persons entitled to use **CMR Eastern Cape** data processing system are only able to access the data within the scope and to the extent covered by their respective access permissions (authorisation).

6. Transmission Control:

CMR Eastern Cape shall be obliged to enable the verification and tracing of the locations / destinations to which the personal information is transferred by utilization of **CMR Eastern Cape**'s data communication equipment / devices.

7. Transport Control:

CMR Eastern Cape shall implement suitable measures to prevent Personal Information from being read, copied, altered or deleted by unauthorized persons during the transmission thereof or during the transport of the data media.

8. Organisation Control:

CMR Eastern Cape shall maintain its internal organisation in a manner that meets the requirements of this Manual.

8.5.2. **CMR Eastern Cape** is doing this by implementing the following security measures:

- a) Staff awareness program
- b) Policies
- c) Procedure Guidelines
- d) Technical Security Measures
- e) Organisational Security Measures

10. Availability Of The Manual

- 10.1. A copy of the Manual is available-
 - 10.1.1. on (specify the website), if any;
 - 10.1.2. head office of the CMR Eastern Cape for public inspection during normal business hours;
 - 10.1.3. to any person upon request and upon the payment of a reasonable prescribed fee;
 - 10.1.4. to the Information Regulator upon request.
- 10.2. A fee for a copy of the Manual, as contemplated in annexure B of the Regulations, shall be payable per each A4-size photocopy made.

11. Updating Of The Manual



The head of CMR Eastern Cape will on a regular basis update this manual.

| Issued by | | |
|--------------------------|--|--|
| | | |
| | | |
| Magda von Solms | | |
| Director Social Services | | |



12. ANNEXURE A: FORM 2 - REQUEST FOR ACCESS TO RECORD (REGULATION 7)

FORM 2

REQUEST FOR ACCESS TO RECORD

[Regulation 7]

NOTE:

- 1. Proof of identity must be attached by the requester.
- 2. If requests made on behalf of another person, proof of such authorisation, must be attached to this form.

| TO: The Information | | |
|---------------------------------|-------------------|--|
| E-mail address: | | |
| Fax number: | | |
| Mark with an "X" | | |
| Request is ma | de in my own name | Request is made on behalf of another person. |
| | PERSOI | NAL INFORMATION |
| Full Names | | |
| Identity Number | | |
| Capacity in which | | |
| request is made (when made on | | |
| (when made on behalf of another | | |
| person) | | |
| Postal Address | | |
| Street Address | | |
| E-mail Address | | |
| Contact Numbers | Tel. (B): | Facsimile: |
| Contact Numbers | Cellular: | |



| Full names of person | | | | |
|---------------------------------|-------------------------|---|--------------|--------------------------|
| on whose behalf | | | | |
| request is made (if | | | | |
| applicable): | | | | |
| Identity Number | | | | |
| Postal Address | | | | |
| Postal Address | | | | |
| | | | | |
| Street Address | | | | |
| E-mail Address | | | | |
| Contact Numbers | Tel. (B) | | Facsimile | |
| | Cellular | | | |
| | PARTI | CULARS OF RECORD RE | QUESTED | |
| number if that is kno | wn to you continue d | record to which access is I, to enable the record to b on a separate page and a | e located. (| If the provided space is |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Description of record | | | | |
| or relevant part of the record: | | | | |
| record. | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Reference number, if available | | | | |
| available | | | | |
| | | | | |



| TYPE OF RECORD (Mark the applicable box with an "X") |
|---|
| Record is in written or printed form |
| Record comprises virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc) |
| Record consists of recorded words or information which can be reproduced in sound |
| Record is held on a computer or in an electronic, or machine-readable form |
| FORM OF ACCESS (Mark the applicable box with an "X") |
| Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form) |
| Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc) |
| Transcription of soundtrack (written or printed document) |
| Copy of record on flash drive (including virtual images and soundtracks) |
| Copy of record on compact disc drive (including virtual images and soundtracks) |
| Copy of record saved on cloud storage server |
| |
| MANNER OF ACCESS (Mark the applicable box with an "X") |

(Mark the applicable box with an \mathbf{X})

Personal inspection of record at registered address of public/private body (including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form)

Postal services to postal address

Postal services to street address

Courier service to street address

requested is required for the exercise or

aforementioned right:

protection

of

the



| | | 1K |
|----------------------------|--|--|
| | Cana November 5 (CATA) 4-10 (C | no - Paramentos produces to the CAPE |
| Facsimile of information i | n written or printed format <i>(including transcriptions)</i> | |
| E-mail of information (inc | cluding soundtracks if possible) | |
| Cloud share/file transfer | | |
| Preferred language | | |
| (Note that if the record | I is not available in the language you prefer, access may be in which the record is available) | |
| | | |
| If the provided space i | LARS OF RIGHT TO BE EXERCISED OR PROTECTED is inadequate, please continue on a separate page and attach in m. The requester must sign all the additional pages. | t to this |
| Indicate which right is to | | |
| be exercised or | | |
| protected | | |
| | | |
| Explain why the record | | |

| | FEES | | | | | |
|-------|---|--|--|--|--|--|
| a) | A request fee must be paid before the request will be considered. | | | | | |
| b) | You will be notified of the amount of the access fee to be paid. | | | | | |
| c) | The fee payable for access to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record. | | | | | |
| d) | If you qualify for exemption of the payment of any fee, please state the reason for exemption | | | | | |
| Reaso | n | | | | | |
| | | | | | | |
| | | | | | | |

You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence:

of Information Officer



| Postal address | Facsimile | Electronic communication (Please specify) | | |
|---|------------------|---|------------------|--|
| Signed at | this | day of | 20 | |
| Signature of Requester | r/person on whos | e behalf request i | - is made | |
| | FOR (| OFFICIAL USE | | |
| Reference number: | | | | |
| Request received by: (State Rank, Name Surname of Information Officer) | And | | | |
| Date received: | | | | |
| Access fees: | | | | |
| Deposit (if any): | | | | |
| | Signature | | | |



13. ANNEXURE B: FORM 4 - INTERNAL APPEAL FORM (REGULATION 9)

INTERNAL APPEAL FORM

FORM 4

[Regulation 9]

Reference Number:

| PARTICULARS OF PUBLIC BODY | | | | | | |
|--|----------------|-------------------------|---------|-------|----------|----|
| Name of Public Body | | | | | | |
| Name and Surname of Officer: | of Information | | | | | |
| PARTICUL | ARS OF COM | MPLAINANT WHO LOD | GES THE | INTER | NAL APPE | AL |
| Full Names | | | | | | |
| Identity Number | | | | | | |
| Postal Address | | | | | | |
| Contact Numbers | Tel. (B) | | Facsimi | le | | |
| Contact Numbers | Cellular | | | · | | |
| E-Mail Address | | | | | | |
| Is the internal appea | l lodged on be | half of another person? | Yes | | No | |
| If answer is "yes", capacity in which an internal appear behalf of another person is lodged: (Proof of the capa in which appeal is lodged, if applicable, must attached.) | | (Proof of the capacity | | | | |
| PARTICULARS OF PERSON ON WHOSE BEHALF THE INTERNAL APPEAL IS LODGED (If lodged by a third party) | | | | | | |
| Full Names | | | | | | |



| Identity Number | | | |
|-----------------|----------|-----------|--|
| Postal Address | | | |
| Contact Numbers | Tel. (B) | Facsimile | |
| | Cellular | | |
| E-Mail Address | | | |
| | | | |

| DECISION AGAINST WHICH THE INTERNAL APPEAL IS LODGED (mark the appropriate box with an "X") | | | | |
|--|--|--------|--|--|
| Refusal of request for | access | | | |
| Decision regarding fee | s prescribed in terms of section 22 of the Act | | | |
| Decision regarding the terms of section 26(1) | e extension of the period within which the request must be dealt with in of the Act | | | |
| Decision in terms of se requester | ction 29(3) of the Act to refuse access in the form requested by the | | | |
| Decision to grant requ | est for access | | | |
| (If the provided spa | GROUNDS FOR APPEAL ce is inadequate, please continue on a separate page and attach it to form. all the additional pages must be signed) |) this | | |
| State the grounds on which the internal appeal is based: | | | | |



| State any other information that may be relevant in considering the appeal: | | | | | | | |
|---|------------------------------|---|--|--|--|--|--|
| You will be notified in w manner of notification: | riting of the decision on yo | our internal appeal. Please indicate your preferred | | | | | |
| Postal address | Facsimile | Electronic communication | | | | | |
| | | (Please specify) | | | | | |
| | | | | | | | |
| Signed at | thic. | _ day of 20 | | | | | |
| Signature of Appellant/Third party Page 2 of 3 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| FOR OFFICIAL USE | | | | | | | |
| OFFICIAL RECORD OF INTERNAL APPEAL | | | | | | | |
| Appeal received by: (state rank, name and Officer) | surname of Information | | | | | | |
| Date received: | | | | | | | |



| Appeal accompanied by the reasons for the information officer's decision and, where applicable, the particulars of any third party to whom or which the record relates, | | | | | Yes | |
|---|-----|------|---------------------------------------|--------|-----|--|
| submitted by the information officer: | | | | | | |
| | | OL | JTCOME OF AI | PPEAL | | |
| Refusal of request for | Yes | | New decision (if not | | | |
| access. Confirmed? | No | | confirmed) | | | |
| Fees (Sec 22). | Yes | | New decision (if not | | | |
| Confirmed? | No | | confirmed) | | | |
| Extension (Sec 26(1)). Confirmed? | Yes | | New decision (if not confirmed) | | | |
| | No | | | | | |
| Access (Sec 29(3)). Confirmed? | Yes | | New decision (if not confirmed) | | | |
| | No | | | | | |
| Request for access | Yes | | New decision (if not | | | |
| granted. Confirmed? | No | | confirmed) | | | |
| | | | | | | |
| Signed at | | this | day | y of20 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Page 3 of 3

Relevant Authority



14. ANNEXURE C: FORM 5: COMPLAINT FORM (REGULATION 10)



Address: JD House, 27 Stiemens Street Braamfontein, Johannesburg, 2001

P.O.

Box 31533

Braamfontein, Johannesburg, 2017

Tel:

010 023 5200

Email:PAIAComplaints@infoRegulator.org.za

COMPLAINT FORM

FORM 5

[Regulation 10]

NOTE:

- 1. This form is designed to assist the Requester or Third Party (hereinafter referred to as "the Complainant") in requesting a review of a Public or Private Body's response or non-response to a request for access to records under the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000) ("PAIA"). Please fill out this form and send it to the following email address: PAIAComplaints@infoRegulator.org.za or complete online complaint form available at https://www.justice.gov.za/inforeg/.
- 2. PAIA gives a member of the public a right to file a complaint with the Information Regulator about any of the nature of complaints detailed in part F of this complaint form.
- 3. It is the policy of the Information Regulator to defer investigating or to reject a complaint if the Complainant has not first given the public or private body (herein after referred to as "the Body") an opportunity to respond to and attempt to resolve the issue. To help the Body address your concerns prior to approaching the Information Regulator, you are required to complete the prescribed **PAIA Form 2** and submit it to the Body.
- 4. A copy of this Form will be provided to the Body that is the subject of your complaint. The information you provide on this form, attached to this form or that you supply later, will only be used to attempt to resolve your dispute, unless otherwise stated herein.
- 5. The Information Regulator will only accept your complaint once you confirm having complied with the prerequisites below.
- 6. Please attach copies of the following documents, if you have them:
 - a. Copy of the form to the Body requesting access to records;
 - b. The Body's response to your complaint or access request;
 - c. Any other correspondence between you and the Body regarding your request;
 - d. Copy of the appeal form, if your compliant relate to a public body;
 - e. The Body's response to your appeal;
 - f. Any other correspondence between you and the Body regarding your appeal;
 - g. Documentation authorizing you to act on behalf of another person (if applicable);
 - h. Court Order or Court documents relevant to your complaint, if any.
- 7. If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.



15. CAPACITY OF PERSON/PARTY LODGING A COMPLAINT

| (Mark with an "X") | | | | |
|---|-----|----|--|--|
| Complainant Personally | | | | |
| Representative of Complainant | | | | |
| Third Party | | | | |
| PREREQUISITES | | | | |
| Did you submit request (PAIA form) for access to record of a public/private body? | Yes | No | | |
| Has 30 days lapsed from the date on which you submitted your PAIA Yes No form? | | | | |
| Did you exhaust all the internal appeal procedure against a decision of Yes how the Information officer of a public body? | | | | |
| Have you applied to Court for appropriate relief regarding this matter? | Yes | No | | |

Adv. FDP Tlakula (Chairperson), Adv. LC Stroom Nzama (Full-time Member), Adv. JC Weapond (Full-time Member), Prof. SL Snail ka Mtuze (Part-time Member), Ms. A Tilley (Part-time Member).



| ı | OR INF | ORMA | TION REGUL | ATOR | 'S USE | ONLY | |
|--|------------|---------|--|----------|---------|---------------------------------|-----|
| Received by: (Full names) | | | | | | | |
| Position | | | | | | | |
| Signature | | | | | | | |
| • | | | | | | | |
| Complaint accepted | | Yes | | | | No | |
| Reference Number | | | | | | | |
| Date stamp | | | | | | | |
| Postal address | | Fac | simile | (| Other e | electronic communication (Pleas | ase |
| | | | | | | | |
| | PERSO | NAL IN | PART A IFORMATION | |)MPLA | AINANT | |
| Full Names | | | | | | | |
| Identity Number | | | | | | | |
| Postal Address | | | | | | | |
| Street Address | | | | | | | |
| E-Mail Address | | | | | | | |
| | Tel. (E | 3) | | | Fa | acsimile | |
| Contact numbers | Cellula | ar | | | | ' | |
| rep | rill be re | present | PART B SENTATIVE IN ted. A Power of ng which the co | f Attorr | ney mu | st be attached if complainant | is |
| Full Names of Representative | | | | | | | |
| Nature of representation | | | | | | | |
| Identity Number / Registration Number | | | | | | | |
| Postal Address | | | | | | | |
| Street Address | | | | | | | |
| E-mail Address | | | | | | | |
| Contact Numbers | Tel. (E | 3) | | | | Facsimile | |
| | Cellula | ar | | | | | |
| PART C THIRD PARTY INFORMATION (Please attach letter of authorisation) | | | | | | | |
| Type of Body | Privat | Э | | | Publ | lic | |
| Name of Public / Private Body | | | <u> </u> | | | | |
| Registration Number (if any) | | | | | | | |
| Name, Surname and Title | | | | | | | |
| of person authorised to | | | | | | | |



| Postal Address | | | | | | | | |
|--|--|----------------|---------------|------------|-----------|-------------|--|--|
| Street Address | | | | | | | | |
| E-mail Address | | | | | | | | |
| | | | | | | | | |
| | Tel. (B): | | | Facsimi | le | | | |
| Contact Numbers | Cellular | | | | | | | |
| | | PART |) | | | | | |
| ВОГ | BODY AGAINST WHICH THE COMPLAINT IS LODGED | | | | | | | |
| Type of body | Private | | | Public | | | | |
| Name of public / private body | | | | | | | | |
| Registration number (if any) | | | | | | | | |
| Name, surname and title | | | | | | | | |
| of person you dealt with at | | | | | | | | |
| the public or private body | | | | | | | | |
| to try to resolve your complaint or request for | | | | | | | | |
| access to information | | | | | | | | |
| Postal Address | | | | | | | | |
| Street Address | | | | | | | | |
| E-mail Address | | | | | | | | |
| | Tel. (B): | | | Facsimi | le | | | |
| Contact Numbers | Cellular | | | | | | | |
| Reference Number given (if any) | | l | | | | | | |
| PART E | | | | | | | | |
| | | COMPLA | | | _ | | | |
| Tell us about the steps you have taken to try to resolve your complaint (Complaints should first be submitted directly to the public or private body for response and possible resolution) | | | | | | | | |
| submitted directly | to the public | or private bod | y for resp | onse and p | ossible i | resolution) | | |
| | | | | | | | | |
| | | | | | | | | |
| Date on which request for a | ccess to recor | de submitted | | | | | | |
| Date on which request for a | ccess to recor | us submitteu. | | | | | | |
| Please specify the natur | e of the rig | ght(s) to be | | | | | | |
| exercised or protected, if | | | | | | | | |
| private body. | | | | | | | | |
| Have you attempted to reso | lve the matter | with the organ | nisation? | | Yes | No | | |
| | | | 1 | | | | | |
| If yes, when did you receive it? (Please attach the letter to this application.) | | | | | | | | |
| Did you appeal against a decision of the information off body? | | | officer of | the public | Yes | No | | |
| If yes, when did you lodge an appeal? | | | | | | | | |
| Have you applied to Court for appropriate relief regarding this matter? Yes No | | | | | | | | |
| If yes, please indicate when was the matter | | | | | | | | |
| | adjudicated by the Court? Please attach Court Order, | | | | | | | |
| if there is any. | | PART I | <u> </u> = | | | | | |
| | DETAILED T | YPE OF ACC | | RECORDS | | | | |
| (Please select one or more of the following to describe your complaint to the Information Regulator) | | | | | | | | |



| Unsuccessful appeal (Section | I have appealed against the decision of the public body | |
|---|---|--|
| Unsuccessful appeal (Section 77A(2)(a) or section 77A(3)(a) of PAIA) | and the appeal is unsuccessful. | |
| Unsuccessful application for condonation (Sections 77A(2)(b) and 75(2) of PAIA) | I filed my appeal against the decision of the public body late and applied for condonation. The condonation application was dismissed. | |
| Refusal of a request for access (Section $77A(2)(c)(i)$ or $77A(2)(d)(i)$ or $77A(3)(b)$ of PAIA) | I requested access to information held by a body and that request was refused or partially refused. | |
| The body requires me to pay a fee and I feel it is excessive (Sections 22 or 54 of PAIA) | Tender or payment of the prescribed fee | |
| Repayment of the deposit (Section 22(4) of PAIA) | The information officer refused to repay a deposit paid in respect of a request for access which is refused. | |
| Disagree with time extension (Sections 26 or 57 of PAIA) | The body decided to extend the time limit for responding to my request, and I disagree with the requested time limit extension or a time extension taken to respond to my access request. | |
| Form of access denied (Section 29(3) or 60(a) of PAIA) | I requested access in a particular and reasonable form and such form of access was refused | |
| Deemed refusal (Section 27 or 58 of PAIA) | It is more than 30 days since I made my request and I have not received a decision. Extension period has expired and no response was received. | |
| Inappropriate disclosure of a record (Mandatory grounds for refusal of access to record) | Records (that are subject to the grounds for refusal of access) have inappropriately/unreasonable been disclosed. | |
| No adequate reasons for the refusal of access (Section 56(3)(a) of PAIA) | My request for access is refused, and no valid or adequate reasons for the refusal, were given, including the provisions of this Act which were relied upon for the refusal. | |
| Partial access to record (Section 28(2) or 59(2) of PAIA) | Access to only a part of the requested records was granted and I believe that more of the records should have been disclosed. | |
| Fee waiver (Section 22(8) or 54(8) of PAIA) | I am exempt from paying any fee and my request to waive the fees was refused | |
| Records that cannot be found or do not exist (Section 23 or 55 of PAIA) | The Body indicated that some or all of the requested records do not exist and I believe that more records do exist. | |
| Failure to disclose records | The Body decided to grant me access to the requested records, but I have not received them | |
| No jurisdiction (exercise or protection of any rights) (Section 50(1)(a) of PAIA) | The Body indicated that the requested records are excluded from PAIA and I disagree. | |
| Frivolous or vexatious request (Section 45 of PAIA) | The Body indicated that my request is manifestly frivolous or vexatious and I disagree. | |
| Other (Please explain) | | |
| | DART G | |

PART G EXPECTED OUTCOME

How do you think the Information Regulator can assist you? Describe the result or outcome that you seek



PART H AGREEMENTS

| The legal basis for the following complaint document. In order for check each one of the checkboxe | r the Information | Regulator to pro- | cess your complaint | |
|--|---|--|---|--|
| I agree that the Information in researching issues relating to the of the right to privacy in South Afpersonal or other identifying inforprotected by the Protection of Personat agree, the Information Re | e promotion of the rica. I understand mation in any pu sonal Information | right of access to i I that the Informati Iblic report, and th Act, 2013 (Act No. | information as well as ion Regulator will new hat my personal infor 4 of 2013). I understa | the protection ver include my rmation is still |
| The information in this Comp | laint Form is true t | to the best of my kn | nowledge and belief. | |
| I authorize the Information information about me in this comp the right of access to information an | laint form) and us | se it to process my | / human rights compl | • |
| I authorise anyone (such as process my complaint to shotain this information by talk of the complaint, these records count and financial or taxpayer information | eare it with the Ir king to witnesses ald include person | nformation Regulat or asking for writte | tor. The Information in records. Depending | Regulator can on the nature |
| If any of my contact inform inform the Information Recolosed. | _ | - | - | |
| Signed at | this | _ day of | 20 | |
| Complainant/Representative/Aut | horised person c | of Third party | | |

16.