

KEY ONCOLOGICS (PTY) LTD

(Registration Number: 1995/013825/07)

Prepared in terms of section 51 of the
Promotion of Access to Information Act
2 of 2000 (as amended)

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1. LIST OF ACRONYMS AND ABBREVIATIONS:

CEO	:	Chief Executive Officer
DIO	:	Deputy Information Officer
IO	:	Information Officer
Minister	:	Minister of Justice and Correctional Services
PAIA	:	Promotion of Access to Information Act No. 2 of 2000 (as Amended)
POPIA	:	Protection of Personal Information Act No.4 of 2013
Regulator	:	Information Regulator
Republic	:	Republic of South Africa
Guide	:	A guide updated and published by the Information Regulator from time to time containing such information, in an easily comprehensible form and manner, as may reasonably be required by a person who wishes to exercise any right contemplated in this act

2. INTRODUCTION:

This Manual is published in terms of Section 51 of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000) ("the Act") and the Protection of Personal Information Act, 2013 (Act No 4 of 2013). The Act gives effect to the provisions of Section 32 of the Constitution, which provides for the right of access to information held by the State and/or held by a private person or entity where such information is required to protect a requester's rights.

This manual serves to inform members of the public of the categories of information held by the company, and which may subject to the grounds of refusal listed in the Access to Information Act, 2 of 2000 ('the Act'), be disclosed after evaluation of an access application being made in terms of the Act.

Key Oncologics (Pty) Ltd is a pharmaceutical company which carries on the business of importing and distribution of oncology medication. Key Oncologics (Pty) Ltd operates in the healthcare sector and are healthcare professionals registered under the Pharmacy Act 53 of 1974 and are subjected to the rules and regulations of the South African Pharmacy Council.

3. PURPOSE OF PAIA MANUAL:

This PAIA Manual is useful for the public to:

- 3.1 Check the categories of records held by a body which are available without a person having to submit a formal PAIA request.
- 3.2 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.
- 3.3 Know the description of the records of the body which are available in accordance with any other legislation.



- 3.4 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.
- 3.5 Know the description of the guide on how to use PAIA, as updated by the Regulator and how to obtain access to it.
- 3.6 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.
- 3.7 Know the description of the categories of data subjects and of the information or categories of information relating thereto.
- 3.8 Know the recipients or categories of recipients to whom the personal information may be supplied.
- 3.9 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.
- 3.10 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 KEY ONCOLOGICS (PTY) LTD

4.1 Chief Information Officer

Name:	Margaretha de Wet
Telephone:	+27 11 483 0060
Email:	magriet@keyoncologics.co.za
Fax Number	+27 11 728 5060

4.2 Deputy Information Officer

Name:	Anlee Snyman
Telephone:	+27 11 483 0060
Email:	anlee@keyoncologics.co.za
Fax Number:	+27 11 728 5060

4.3 Access to Information General Contacts

Email:	compliance@keyoncologics.co.za
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4.4 Office

Postal Address:	Postnet Suite 19 P O Box 92418 Norwood 2117
Physical Address:	39 11 th Avenue



Houghton Estate

Gauteng

2198

Telephone:

+27 11 483 0060 / 5

Email:

key@icon.co.za

Website:

www.keyoncologics.co.za

5. GUIDE ON HOW TO USE PAIA AND HOW TO OBTAIN ACCESS TO THE GUIDE:

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.

5.3.2.2 Every Deputy Information Officer of every public and private body designated in terms of section 17(1) of PAIA and section 56 of POPIA.

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 11.

5.3.3.2 Access to a record of a private body contemplated in section 50.

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.

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 14 and 51 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 15 and 52 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 22 and 54 regarding fees to be paid in relation to requests for access.



5.3.10 The regulations made in terms of section 92.

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 English.

5.6.2 Afrikaans.

6. CATEGORIES OF RECORDS OF KEY ONCOLOGICS (PTY) LTD WHICH ARE AVAILABLE WITHOUT A PERSON HAVING TO REQUEST ACCESS:

The following information is made known automatically for example documents on the website, price lists, brochures, pamphlets, and persons do not have to fill out the request form to request such information:

Category of Records	Types of Records	Available on Website	Available upon request
Policies	<ul style="list-style-type: none">• POPI Policy• PAIA Manual• Privacy Policy• Website Disclaimer	X X X X	X X
Forms	<ul style="list-style-type: none">• PAIA Request for Access to Records (Form 2)	X	X
Product Information	<ul style="list-style-type: none">• Single Exit Price List• Section 21 Price List• Product Brochures/ Pamphlets	X	X X X
Information about the Company, its operations, values, and purpose	<ul style="list-style-type: none">• General business information	X	X

Single Exit Price (SEP) lists are available on the Department of Health's website (www.mpr.gov.za).

Section 21 product price lists are only made available to Health Care Professionals on special request.

Key Oncologics (Pty) Ltd is prohibited to market products to the general public. Key Oncologics (Pty) Ltd is only allowed to hand out pamphlets and brochures to registered Healthcare Professionals. The materials may only contain information regarding the product, the nature thereof and specific information relating to the use of the product and treatment regimens.

In terms of the requirements of the Medicines and Related Substance Control Act (Act 101 of 1965), pamphlets / brochures for products are only available to Health Care Professionals.

7. DESCRIPTION OF THE RECORDS OF KEY ONCOLOGICS PTY (LTD) WHICH ARE AVAILABLE IN ACCORDANCE WITH ANY OTHER LEGISLATION:

Information is available in terms of the following legislation, subject to conditions set by such laws. As legislation changes from time to time, and new laws may stipulate new matters and extend the scope of access by persons specified in such entities, this list should be read as not being a final and complete list.

Type of Records	Applicable Legislation
PAIA Manual	Promotion of Access to Information Act 2 of 2000
POPI Policy, POPI GAP analysis, Consents to processing, data retention, archiving and destruction	Protection of Personal Information Act 4 of 2013
Registration and compliance records	Medicines and Related Substances Control Act 101 of 1965 Pharmacy Act 53 of 1974
Memorandum of incorporation, shareholders agreement, share offers and sale agreements, minute books, etc.	Companies Act 71 of 2008
Financial and staff records	Income Tax Act 58 of 1962
VAT Invoices	Value Added Tax Act 89 of 1991
Information that must be disclosed to employees under the Labour Relations Act	Labor Relations Act 66 of 1995
Leave, overtime	Basic Conditions of Employment Act 75 of 1997
All employment policies and practices and its analyses	Employment Equity Act 55 of 1998
Training plans and records	Skills Development Act 97 of 1998 Skills Development Levies Act 9 of 1999
Submissions and reports	Unemployment Insurance Act 63 of 2001



Claims and reports to the Compensation Fund	Compensation for Occupational Injuries and Health Diseases Act 130 of 1993
Occupational Health and Safety committee records, Health and Safety Officer records	Occupational Health and Safety Act 85 of 1993
Electronic records (emails, agreements, financial records)	Electronic Communications and Transactions Act 25 of 2002
All records pertaining to direct consumer interactions or directed to the public as potential consumers	Consumer Protection Act 68 of 2008
Records as required under the BB BEE Codes	Broad-based Black Economic Empowerment Act 53 of 2003
Credit records	National Credit Act 34 of 2005
Consents, permits, reports by OHSC	National Health Act 61 of 2003
Submissions, permits, reports, correspondence	Medicines and Related Substances Control Act 101 of 1965
Consents	Children's Act 38 of 2005
Information submitted to- or requested by the Competition Commission	Competition Act 89 of 1998
Import and export records	Currency and Exchanges Act 9 of 1933 Customs and Excise Act 91 of 1964

8. DESCRIPTION OF THE SUBJECTS ON WHICH THE BODY HOLDS RECORDS AND CATEGORIES OF RECORDS HELD ON EACH SUBJECT BY KEY ONCOLOGICS (PTY) LTD:

Key Oncologics (Pty) Ltd retains records in the categories listed below. The list is provided to clarify the activities of Key Oncologics (Pty) Ltd. **The fact that we list a record type here does not necessarily mean that we will disclose such records**, and all access is subject to the evaluation processes outlined herein, which will be exercised in accordance with the requirements of the Act.

Subjects on which the body holds records	Categories of records
Human Resources	<ul style="list-style-type: none"> • Employee records and correspondence • Employment contracts • Conditions of employment • Employment equity records • Leave records • Medical Aid records • Pension Fund records • Disciplinary records

	<ul style="list-style-type: none"> • Termination records • Performance records • Training and skills development records • Salary information • Internal policies and procedures
Financial	<ul style="list-style-type: none"> • Annual financial statements • Tax records • Accounting records • Banking records • Bank statements • Electronic banking records • Asset register • Rental agreements • Insurance records • Audit reports • Invoices
Income Tax	<ul style="list-style-type: none"> • PAYE records • Documents issued to employees for income tax purposes • Records of payments made to SARS on behalf of employees • All other statutory compliances • VAT • Skills Development Levies • UIF • Workmen's Compensation
Safety, Health and Environment (SHE)	<ul style="list-style-type: none"> • SHE policy • Mandatory SHE records
Company	<ul style="list-style-type: none"> • Documents of incorporation • Memorandum and Articles of Association or Memorandum of Incorporation (as applicable) • Details concerning the identity of directors, directors' meetings, director resolutions • Public officer and other officers • Share Register and other statutory registers • Tradename registrations



Legal	<ul style="list-style-type: none"> • Trademark registrations • Agreements with clients • Agreements with suppliers • Agreements with service providers • Partnership agreements • Licenses and permits • Power of Attorneys • Sale agreements • Lease agreements
Strategic and Operational Information	<ul style="list-style-type: none"> • Client database • Credit Applications • Correspondence with Clients • Documentation prepared for Clients. • Invoices, receipts, credit and debit notes • Business plan • Budget reports • Minutes of management meetings • Annual reports • Operational records • Policies and procedures • Contracts • Licences, trademarks and other intellectual property records • Production, sales and marketing records • Pricing records • Internal correspondence • Statutory records • Records relating to partnerships, joint ventures and co-marketing agreements • Repair and maintenance records
Regulatory and Quality Assurance	<ul style="list-style-type: none"> • Licensing with the South African Health Products Regulatory Authority (“SAHPRA”) • Registration with the South African Pharmacy Council • Quality Manual • Customer/client/patient/supplier records



	<ul style="list-style-type: none"> • Customer/client/patient/supplier lists • Customer/client/patient/supplier agreements • Customer/client/patient consents • Customer/client/patient needs assessments • Financial and accounts information • Research information • Evaluation records • Profiling • Medical information queries • Pharmacovigilance records • Scientific and technical records • Product registration/ dossiers/ research approvals/ information • Health professionals council / statutory body records
Information Technology	<ul style="list-style-type: none"> • Hard copies and electronic communications, logs • Electronic and cached information • Software and software licensing • Programming work • Websites • Electronic programmes • IT policies and procedures

Please Note:

In the health sector, personal, health and patient information are protected by legislation such as the Protection of Personal Information Act, the National Health Act and HPCSA ethical rules, and disclosure can only take place, if at all, within these and other frameworks.

Information in our possession may belong to third party entities, such as our holding company; our suppliers, clients and consumers; patients/consumers; and our trade associations. In such case we might not be able to provide the requested information.

9. PROCESSING OF PERSONAL INFORMATION:

9.1 Purpose of Processing Personal Information:

Key Oncologics (Pty) Ltd processes information for the following purposes:

Categories of Data Subjects	Purpose of Processing Personal Information
Customers/Clients	<ul style="list-style-type: none"> • Conducting business, sale of medicines

	<ul style="list-style-type: none"> • To fulfil contractual obligations • Customer relations • To comply with statutory obligations
Service Providers	<ul style="list-style-type: none"> • Providing services • To fulfil contractual obligations • To comply with statutory obligations • Business administration
Employees	<ul style="list-style-type: none"> • Business administration • Payroll • To comply with statutory obligations
Healthcare Professionals	<ul style="list-style-type: none"> • Pharmacovigilance (Reporting of Adverse Events) • Providing medical information and educational materials • Research and development • Advisory boards • Motivation for funding • Conferences and symposia • Continued Professional Developments (CPD) • Clinical trials
Patients	<ul style="list-style-type: none"> • Patient related records (Key Assist Risk Management Program) • Pharmacovigilance (Reporting of Adverse Events) • Clinical trials • Patient associations • Motivation for funding

9.2 Description of the categories of Data Subjects and of the information or categories of information relating thereto:

Categories of Data Subjects	Personal Information that may be processed
Customers/Clients	<ul style="list-style-type: none"> • Name and surname • Contact information • Address • Transactional records

	<ul style="list-style-type: none"> • SAPC, SAHPRA and DOH licensing • For juristic persons: entity name, registration number, income tax number, contact details for representative, tax information, company registration details, payment details including bank accounts, invoices
Service Providers	<ul style="list-style-type: none"> • Name and surname • E-mail address(es) and phone number(s) • Registration numbers • VAT numbers • Addresses • Bank details • Transactional records • For juristic persons: entity name, registration number, income tax number, contact details for representative, tax information, company registration details, payment details including bank accounts, invoices
Employees	<ul style="list-style-type: none"> • Name and surname • Identification number • Date of birth • Address and contact information • Qualifications • Gender and race • Marital status • Employment contracts • Salary records • Disciplinary records • Employment equity plan • Pension fund records • Medical aid records • Leave records • Training records • Forms and applications



	<ul style="list-style-type: none"> • Employee benefits arrangements and records • Internal performance records • Disability information • Banking records
Healthcare Professionals	<ul style="list-style-type: none"> • Name and surname • Contact information • Qualifications • HCPSA registration • Gender and race • Reports of adverse events • Conference/ event attendance records • Banking information
Patients	<ul style="list-style-type: none"> • Name and surname • Date of birth • Age • Gender • Medical information

9.3 The recipients or categories of recipients to whom the personal information may be supplied:

Depending on the nature of the personal information, related processing activities and purposes of processing, Key Oncologics (Pty) Ltd may supply personal information or records to the following non-exhaustive categories of recipients:

9.3.1 Affiliates and associated entities

9.3.2 Legal and Financial Advisors

9.3.3 Holding Company

9.3.4 Principal Company

9.3.5 Industry authorities, (SAMED and MCA)

9.3.6 Government authorities, (SAHPRA, DoH, SAPC.)

9.3.7 SARS

9.3.8 Department of Employment and Labour Department

9.3.9 Advisory boards

9.3.10 Medical schemes

9.3.11 Third parties having contractual relationship with Key Oncologics (Pty) Ltd to provide services on its behalf (hosting, distributors, logistic providers, event or competition organizers, travel agents, marketing, research, and advertising agencies etc.)

9.3.12 Auditing and accounting bodies (internal and external)



A court, administrative or judicial forum, arbitration or statutory commission making a request in terms of the applicable laws or rules.

9.4 Planned transborder flows of personal information:

Key Oncologics (Pty) Ltd plans trans-border flow of information for the following:

- 9.4.1 Clinical trial information
- 9.4.2 Adverse event reporting
- 9.4.3 Financial reporting information
- 9.4.4 Training records
- 9.4.5 Employment records
- 9.4.6 Audits

9.5 General description of Information Security Measures to be implemented by Key Oncologics (Pty) Ltd to ensure the confidentiality, integrity and availability of the information:

9.5.1 Physically records held:

- Lockable cabinets in all offices
- Lockable offices
- CCTV security cameras on the premises
- Off-site 24-hour monitored smoke detectors
- Off-site 24-hour monitored alarm system
- Off-site 24-hour monitored armed response
- 24-hour guards, access control to facility with armed response
- Biometric fingerprint access control to the office buildings
- Fire resistant lockable cabinets for archives

9.5.2 Electronically held Information:

- All software is password protected / restricted and only the relevant personnel have access to applicable systems. Personnel do not share computers, workstations, profiles or passwords.
- Network Attached Storage with biometric fingerprint access
- Locked server room for hosting, internet services and telephony
- Fire resistant safe where weekly backups are stored
- Encryption, firewalls, antivirus and end-point security

9.5.3 Retention and Destruction:

- Retention and destruction take place in terms of the Company's document retention and destruction policy.

10. REQUEST PROCEDURE:

10.1 Request Form:

- 10.1.1 A person who wants access to the records must complete the necessary request forms, attached as Attachment 2, (Form 2), that is also available at the offices of Key Oncologics (Pty) Ltd or at www.keyoncologics.co.za.
- 10.1.2 The form can be accessed on www.sahrc.org.za or on the website of the Department of Justice at <https://inforegulator.org.za/wp-content/uploads/2020/07/InfoRegSA-PAIA-Form02-Reg7.pdf>
- 10.1.3 The completed request form must be sent to the address or fax number provided in this manual and marked for the attention of the Information Officer.

10.2 Manner of Request:

- 10.2.1 The request must be made to the address, facsimile number or email address of the Information Officer.
- 10.2.2 The requester must provide enough detail on the request form to enable the Information Officer to identify the record and the requester.
- 10.2.3 The requester should indicate if it requires notice of the decision of the Information Officer in any manner, other than in writing.
- 10.2.4 The requester must state in which format (inspection of copy, paper copy, electronic copy, transcript, etc.) s/he wants to access the information.
- 10.2.5 The requester must identify the right that is sought to be exercised or to be protected and provide an explanation of why the requested record is required for the exercise or protection of that right.
- 10.2.6 Proof of identity is required to authenticate the identity of the requester, in addition to the Access Request Form; requesters will be required to supply a certified copy of their identity document or a valid passport document.
- 10.2.7 If a request is made on behalf of another person, the requester must submit proof of the capacity in which the requester is making the request to the satisfaction of the Information Officer.
- 10.2.8 If the record is part of another record, the requester will only be given access to the part(s) that pertains to the information s/he wants or is entitled to, and not the remainder of the record.

10.3 Fees:

- 10.3.1 A requester who seeks access to a record containing personal information must pay the required request fee.
- 10.3.2 The Information Office must by notice, require the requester to pay the prescribed fee, if any, before further processing the request.
- 10.3.3 The requester may lodge an application to the high court relating to the payment of the request fee.
- 10.3.4 After the Information Officer has decided on the request, the requester must be notified in the required form.



10.3.5 If the request is granted, a further access fee must be paid for the search, reproduction, preparation and for any time, in excess of the prescribed hours, required to search and prepare for the record disclosure.

10.3.6 The prescribed fees are available from the Information Officer and from the Information Regulator.

11. AVAILABILITY OF THE MANUAL:

11.1A copy of the Manual is available:

11.1.1 on www.keyoncologics.co.za

11.1.2 at the office of Key Oncologics (Pty) Ltd for public inspection during normal business hours

11.1.3 to any person upon request and upon the payment of a reasonable prescribed fee

11.1.4 to the Information Regulator upon request

11.2A fee for a copy of the Manual, as contemplated in annexure B of the Regulations, shall be payable per each A4-size photocopy made.

12. UPDATING OF THE MANUAL:

The DIO of Key Oncologics (Pty) Ltd will review / update this manual every two years or at more frequent intervals as may be required.

13. HISTORY OF UPDATES:

VERSION	EFFECTIVE DATE	REASON FOR UPDATE
01	25/02/2020	New Manual.
02	01/07/2021	Routine Update.
03	01/07/2023	Routine Update.

FORM 1

REQUEST FOR A COPY OF THE GUIDE

[Regulations 3]

TO: The Information Officer

I,

Full names:	ef		
In my capacity as (mark with "x"):	Information officer		Other
Name of *public/private body (if applicable)			
Postal Address:			
Street Address:			
E-mail Address:			
Facsimile:			
Contact numbers:	Tel.(B):		Cellular:

Hereby request the following copy (ies) of the Guide:

Language (mark with "X")	No of copies	Language(mark with "X")	No of copies
<input type="checkbox"/> Sepedi		<input type="checkbox"/> Sesotho	
<input type="checkbox"/> Setswana		<input type="checkbox"/> siSwati	
<input type="checkbox"/> Tshivenda		<input type="checkbox"/> Xitsonga	
<input type="checkbox"/> Afrikaans		<input type="checkbox"/> English	
<input type="checkbox"/> isiNdebele		<input type="checkbox"/> isiXhosa	
<input type="checkbox"/> isiZulu			

Manner of collection (mark with "x"):

Personal collection	Postal address	Facsimile	Electronic communication (Please specify)

Signed at _____ this _____ day of _____ 20 _____

Signature of requester

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 Officer

 (Address)

E-mail address: _____

Fax number: _____

Mark with an "X"

Request is made in my own name

Request is made on behalf of another person.

PERSONAL INFORMATION			
Full Names			
Identity Number			
Capacity in which request is made (when made on behalf of another person)			
Postal Address			
Street Address			
E-mail Address			
Contact Numbers	Tel. (B):		Facsimile:
	Cellular:		
Full names of person on whose behalf request is made (if applicable):			
Identity Number			
Postal Address			

Street Address			
E-mail Address			
Contact Numbers	Tel. (B)		Facsimile
	Cellular		

PARTICULARS OF RECORD REQUESTED

Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located. (If the provided space is inadequate, please continue on a separate page and attach it to this form. All additional pages must be signed.)

Description of record or relevant part of the record:	

Reference number, if available	
--------------------------------	--

Any further particulars of record	

TYPE OF RECORD
(Mark the applicable box with an "X")

Record is in written or printed form	<input type="checkbox"/>
Record comprises virtual images <i>(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)</i>	<input type="checkbox"/>
Record consists of recorded words or information which can be reproduced in sound	<input type="checkbox"/>
Record is held on a computer or in an electronic, or machine-readable form	<input type="checkbox"/>

FORM OF ACCESS <i>(Mark the applicable box with an "X")</i>	
Printed copy of record <i>(including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)</i>	<input type="checkbox"/>
Written or printed transcription of virtual images <i>(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)</i>	<input type="checkbox"/>
Transcription of soundtrack <i>(written or printed document)</i>	<input type="checkbox"/>
Copy of record on flash drive <i>(including virtual images and soundtracks)</i>	<input type="checkbox"/>
Copy of record on compact disc drive <i>(including virtual images and soundtracks)</i>	<input type="checkbox"/>
Copy of record saved on cloud storage server	<input type="checkbox"/>

MANNER OF ACCESS <i>(Mark the applicable box with an "X")</i>	
Personal inspection of record at registered address of public/private body <i>(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)</i>	<input type="checkbox"/>
Postal services to postal address	<input type="checkbox"/>
Postal services to street address	<input type="checkbox"/>
Courier service to street address	<input type="checkbox"/>
Facsimile of information in written or printed format <i>(including transcriptions)</i>	<input type="checkbox"/>
E-mail of information <i>(including soundtracks if possible)</i>	<input type="checkbox"/>
Cloud share/file transfer	<input type="checkbox"/>
Preferred language <i>(Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available)</i>	<input type="checkbox"/>

PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED	
<i>If the provided space is inadequate, please continue on a separate page and attach it to this Form. The requester must sign all the additional pages.</i>	
Indicate which right is to be exercised or protected	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Explain why the record requested is required for the exercise or protection of the aforementioned right:	

FEES	
<p>a) A request fee must be paid before the request will be considered.</p> <p>b) You will be notified of the amount of the access fee to be paid.</p> <p>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.</p> <p>d) If you qualify for exemption of the payment of any fee, please state the reason for exemption</p>	
Reason	

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:

Postal address	Facsimile	Electronic communication <i>(Please specify)</i>

Signed at _____ this _____ day of _____ 20 _____

Signature of Requester / person on whose behalf request is made

FOR OFFICIAL USE

<i>Reference number:</i>	
<i>Request received by: (State Rank, Name And Surname of Information Officer)</i>	
<i>Date received:</i>	
<i>Access fees:</i>	
<i>Deposit (if any):</i>	

Signature of Information Officer

INTERNAL APPEAL FORM

FORM 4

[Regulation 9]

Reference Number:

PARTICULARS OF PUBLIC BODY				
Name of Public Body				
Name and Surname of Information Officer:				
PARTICULARS OF COMPLAINANT WHO LODGES THE INTERNAL APPEAL				
Full Names				
Identity Number				
Postal Address				
Contact Numbers	Tel. (B)		Facsimile	
	Cellular			
E-Mail Address				
Is the internal appeal lodged on behalf of another person?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If answer is "yes", capacity in which an internal appeal on behalf of another person is lodged: <i>(Proof of the capacity in which appeal is lodged, if applicable, must be attached.)</i>				
PARTICULARS OF PERSON ON WHOSE BEHALF THE INTERNAL APPEAL IS LODGED <i>(If lodged by a third party)</i>				
Full Names				
Identity Number				
Postal Address				
Contact Numbers	Tel. (B)		Facsimile	
	Cellular			
E-Mail Address				

DECISION AGAINST WHICH THE INTERNAL APPEAL IS LODGED <i>(mark the appropriate box with an "X")</i>	
Refusal of request for access	
Decision regarding fees prescribed in terms of section 22 of the Act	
Decision regarding the extension of the period within which the request must be dealt with in terms of section 26(1) of the Act	
Decision in terms of section 29(3) of the Act to refuse access in the form requested by the requester	
Decision to grant request for access	
GROUNDS FOR APPEAL <i>(If the provided space is inadequate, please continue on a separate page and attach it to this form. all the additional pages must be signed)</i>	
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 writing of the decision on your internal appeal. Please indicate your preferred manner of notification:

Postal address	Facsimile	Electronic communication <i>(Please specify)</i>

Signed at _____ this _____ day of _____ 20 _____

Signature of Appellant/Third party

FOR OFFICIAL USE
OFFICIAL RECORD OF INTERNAL APPEAL

Appeal received by: <i>(state rank, name and surname of Information Officer)</i>				
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, submitted by the information officer:				Yes <input type="checkbox"/>
				No <input type="checkbox"/>
OUTCOME OF APPEAL				
Refusal of request for access. Confirmed?	Yes	<input type="checkbox"/>	New decision <i>(if not confirmed)</i>	
	No	<input type="checkbox"/>		
Fees (Sec 22). Confirmed?	Yes	<input type="checkbox"/>	New decision <i>(if not confirmed)</i>	
	No	<input type="checkbox"/>		
Extension (Sec 26(1)). Confirmed?	Yes	<input type="checkbox"/>	New decision <i>(if not confirmed)</i>	
	No	<input type="checkbox"/>		
Access (Sec 29(3)). Confirmed?	Yes	<input type="checkbox"/>	New decision <i>(if not confirmed)</i>	
	No	<input type="checkbox"/>		
Request for access granted. Confirmed?	Yes	<input type="checkbox"/>	New decision <i>(if not confirmed)</i>	
	No	<input type="checkbox"/>		

Signed at _____ this _____ day of _____ 20 _____

Relevant Authority

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 complaint 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.

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	<input type="checkbox"/>	No	<input type="checkbox"/>
Has 30 days lapsed from the date on which you submitted your PAIA form?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you exhaust all the internal appeal procedure against a decision of the Information officer of a public body?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you applied to Court for appropriate relief regarding this matter?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

FOR INFORMATION REGULATOR'S USE ONLY			
Received by: (Full names)			
Position			
Signature			
Complaint accepted	Yes	<input type="checkbox"/>	No
Reference Number			
Date stamp			

Postal address	Facsimile	Other electronic communication (Please specify)	

PART A PERSONAL INFORMATION OF COMPLAINANT			
Full Names			
Identity Number			
Postal Address			
Street Address			
E-Mail Address			
Contact numbers	Tel. (B)		Facsimile
	Cellular		

PART B REPRESENTATIVE INFORMATION (Complete only if you will be represented. A Power of Attorney must be attached if complainant is represented, failing which the complaint will be rejected)			
Full Names of Representative			
Nature of representation			
Identity Number / Registration Number			
Postal Address			
Street Address			
E-mail Address			
Contact Numbers	Tel. (B)		Facsimile
	Cellular		

PART C THIRD PARTY INFORMATION (Please attach letter of authorisation)			
Type of Body	Private	<input type="checkbox"/>	Public
Name of Public / Private Body			
Registration Number (if any)			
Name, Surname and Title of person authorised to lodge a complaint			
Postal Address			
Street Address			
E-mail Address			

Contact Numbers	Tel. (B):		Facsimile	
	Cellular			
PART D				
BODY AGAINST WHICH THE COMPLAINT IS LODGED				
Type of body	Private	<input type="checkbox"/>	Public	<input type="checkbox"/>
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				
Contact Numbers	Tel. (B):		Facsimile	
	Cellular			
Reference Number given (if any)				
PART E				
COMPLAINT				
<i>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)</i>				
Date on which request for access to records submitted.				
Please specify the nature of the right(s) to be exercised or protected, if a complaint is against a private body.				
Have you attempted to resolve the matter with the organisation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, when did you receive it? (Please attach the letter to this application.)				
Did you appeal against a decision of the information officer of the public body?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, when did you lodge an appeal?				
Have you applied to Court for appropriate relief regarding this matter?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please indicate when was the matter adjudicated by the Court? Please attach Court Order, if there is any.				
PART F				
DETAILED TYPE OF ACCESS TO RECORDS				
<i>(Please select one or more of the following to describe your complaint to the Information Regulator)</i>				
Unsuccessful appeal (Section 77A(2)(a) or section 77A(3)(a) of PAIA)	I have appealed against the decision of the public body and the appeal is unsuccessful.			<input type="checkbox"/>
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.			<input type="checkbox"/>

Refusal of a request for access (Section 77A(2)(c)(i) or 77A(2)(d)(i) or 77A(3)(b) of PAIA)	<i>I requested access to information held by a body and that request was refused or partially refused.</i>	<input type="checkbox"/>
The body requires me to pay a fee and I feel it is excessive (Sections 22 or 54 of PAIA)	<i>Tender or payment of the prescribed fee.</i>	<input type="checkbox"/>
	<i>The tender or payment of a deposit.</i>	<input type="checkbox"/>
Repayment of the deposit (Section 22(4) of PAIA)	<i>The information officer refused to repay a deposit paid in respect of a request for access which is refused.</i>	<input type="checkbox"/>
Disagree with time extension (Sections 26 or 57 of PAIA)	<i>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.</i>	<input type="checkbox"/>
Form of access denied (Section 29(3) or 60(a) of PAIA)	<i>I requested access in a particular and reasonable form and such form of access was refused.</i>	<input type="checkbox"/>
Deemed refusal (Section 27 or 58 of PAIA)	<i>It is more than 30 days since I made my request and I have not received a decision.</i>	<input type="checkbox"/>
	<i>Extension period has expired and no response was received.</i>	<input type="checkbox"/>
Inappropriate disclosure of a record (Mandatory grounds for refusal of access to record)	<i>Records (that are subject to the grounds for refusal of access) have inappropriately/unreasonable been disclosed.</i>	<input type="checkbox"/>
No adequate reasons for the refusal of access (Section 56(3)(a) of PAIA)	<i>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.</i>	<input type="checkbox"/>
Partial access to record (Section 28(2) or 59(2) of PAIA)	<i>Access to only a part of the requested records was granted and I believe that more of the records should have been disclosed.</i>	<input type="checkbox"/>
Fee waiver (Section 22(8) or 54(8) of PAIA)	<i>I am exempt from paying any fee and my request to waive the fees was refused.</i>	<input type="checkbox"/>
Records that cannot be found or do not exist (Section 23 or 55 of PAIA)	<i>The Body indicated that some or all of the requested records do not exist and I believe that more records do exist.</i>	<input type="checkbox"/>
Failure to disclose records	<i>The Body decided to grant me access to the requested records, but I have not received them.</i>	<input type="checkbox"/>
No jurisdiction (exercise or protection of any rights) (Section 50(1)(a) of PAIA)	<i>The Body indicated that the requested records are excluded from PAIA and I disagree.</i>	<input type="checkbox"/>
Frivolous or vexatious request (Section 45 of PAIA)	<i>The Body indicated that my request is manifestly frivolous or vexatious and I disagree.</i>	<input type="checkbox"/>
Other (Please explain)		
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 agreements is explained in the Privacy Notice on how to file your complaint document. In order for the Information Regulator to process your complaint, you need to check each one of the checkboxes below to show your agreement:

I agree that the Information Regulator may use the information provided in my complaint to assist it in researching issues relating to the promotion of the right of access to information as well as the protection of the right to privacy in South Africa. I understand that the Information Regulator will never include my personal or other identifying information in any public report, and that my personal information is still protected by the Protection of Personal Information Act, 2013 (Act No. 4 of 2013). I understand that if I do not agree, the Information Regulator will still process my complaint.

The information in this Complaint Form is true to the best of my knowledge and belief.

I authorize the Information Regulator to collect my personal complaint information (such as the information about me in this complaint form) and use it to process my human rights complaint relating to the right of access to information and / or the protection of the right to privacy.

I authorise anyone (such as an employer, service provider, witness) who has information needed to process my complaint to share it with the Information Regulator. The Information Regulator can obtain this information by talking to witnesses or asking for written records. Depending on the nature of the complaint, these records could include personnel files or employer data, medical or hospital records, and financial or taxpayer information.

If any of my contact information changes during the complaint process, it is my responsibility to inform the Information Regulator; otherwise my complaint could experience a delay or even be closed.

Signed at _____ this _____ day of _____ 20 _____

Complainant/Representative/Authorised person of Third party

ANNEXTURE B [Fees]

Fees in Respect of Public Bodies

	Description	Amount
1.	The request fee payable by every requester	R100.00
2.	Photocopy of A4-size page	R1.50 per page or part thereof.
3.	Printed copy of A4-size page	R1.50 per page or part thereof.
4.	For a copy in a computer-readable form on: (i) Flash drive (to be provided by requestor) (ii) Compact disc • If provided by requestor • If provided to the requestor	R40.00 R40.00 R60.00
5.	For a transcription of visual images per A4-size page	Service to be outsourced. Will depend on quotation from Service provider.
6.	Copy of visual images	
7.	Transcription of an audio record, per A4-size page	R24.00
8.	Copy of an audio record on: (i) Flash drive (to be provided by requestor) (ii) Compact disc • If provided by requestor • If provided to the requestor	R40.00 R40.00 R60.00
9.	To search for and prepare the record for disclosure for each hour or part of an hour, excluding the first hour, reasonably required for such search and preparation. To not exceed a total cost of	R100.00 R300.00
10.	Deposit: If search exceeds 6 hours	One third of amount per request calculated in terms of items 2 to 8.
11.	Postage, e-mail or any other electronic transfer	Actual expense, if any.

Fees in Respect of Private Bodies

	Description	Amount
1.	The request fee payable by every requester	R140.00
2.	Photocopy/printed black & white copy of A4-size page	R2.00 per page or part thereof.
3.	Printed copy of A4-size page	R2.00 per page or part thereof.
4.	For a copy in a computer-readable form on: (i) Flash drive (to be provided by requestor) (ii) Compact disc • If provided by requestor • If provided to the requestor	R40.00 R40.00 R60.00
5.	For a transcription of visual images per A4-size page	Service to be outsourced. Will depend on quotation from Service provider.
6.	Copy of visual images	
7.	Transcription of an audio record, per A4-size page	R24.00
8.	Copy of an audio record on: (i) Flash drive (to be provided by requestor) (ii) Compact disc • If provided by requestor • If provided to the requestor	R40.00 R40.00 R60.00
9.	To search for and prepare the record for disclosure for each hour or part of an hour, excluding the first hour, reasonably required for such search and preparation. To not exceed a total cost of	R145.00 R435.00
10.	Deposit: If search exceeds 6 hours	One third of amount per request calculated in terms of items 2 to 8.
11.	Postage, e-mail or any other electronic transfer	Actual expense, if any.