

**FAIRVIEW WINES PROPRIETARY LIMITED  
REGISTRATION NUMBER: 2012/086732/07**

# **PAIA MANUAL**

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

**DATE OF COMPILATION: 01/11/2011  
DATE OF REVISION: 03/12/2021**

## 1. LIST OF ACRONYMS AND ABBREVIATIONS

- |     |                    |  |
|-----|--------------------|--|
| 1.1 | <b>“Company”</b>   | FAIRVIEW WINES PROPRIETARY LIMITED                                 |
| 1.2 | <b>“DIO”</b>       | Deputy Information Officer;  |
| 1.3 | <b>“IO“</b>        | Information Officer;   |
| 1.4 | <b>“Minister”</b>  | Minister of Justice and Correctional Services;                     |
| 1.5 | <b>“PAIA”</b>      | Promotion of Access to Information Act No. 2 of 2000( as Amended); |
| 1.6 | <b>“POPIA”</b>     | Protection of Personal Information Act No.4 of 2013;               |
| 1.7 | <b>“Regulator”</b> | Information Regulator; and   |
| 1.8 | <b>“Republic”</b>  | Republic of South Africa   |

## 2. PURPOSE OF THE 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.

### **3. KEY CONTACT DETAILS FOR ACCESS TO INFORMATION OF FAIRVIEW WINES PROPRIETARY LIMITED**

#### **3.1. Information Officer**

Name: Charles Louis Back  
Tel: 021 863 2450  
Email: lisafourie@fairview.co.za

#### **3.2. Deputy Information Officers**

Name: Lisa Fourie  
Tel: 021 863 2450  
Email: lisafourie@fairview.co.za

Name: Henry De Wit Stegmann  
Tel: 021 863 2450  
Email: dewit@fairview.co.za

### 3.3 Registered Address

Postal Address: P O Box 583  
Suider Paarl  
Western Cape  
7624

Physical Address: Fairview Estate  
Suid Agter Paarl Road  
Suider Paarl  
Western Cape  
7646

Telephone: 021 863 2450

Email: dewit@fairview.co.za

Website: <https://www.fairview.co.za/>

## 4. GUIDE ON HOW TO USE PAIA AND HOW TO OBTAIN ACCESS TO THE GUIDE

4.1. 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.

4.2. The Guide is available in each of the official languages and in braille.

4.3. The aforesaid Guide contains the description of-

4.3.1. the objects of PAIA and POPIA;

- 4.3.2. the postal and street address, phone and fax number and, if available, electronic mail address of-
  - 4.3.2.1. the Information Officer of every public body, and
  - 4.3.2.2. every Deputy Information Officer of every public and private body designated in terms of section 17(1) of PAIA<sup>1</sup> and section 56 of POPIA<sup>2</sup>;
- 4.3.3. the manner and form of a request for-
  - 4.3.3.1. access to a record of a public body contemplated in section 11<sup>3</sup>; and
  - 4.3.3.2. access to a record of a private body contemplated in section 50<sup>4</sup>;
- 4.3.4. the assistance available from the IO of a public body in terms of PAIA and POPIA;
- 4.3.5. the assistance available from the Regulator in terms of PAIA and POPIA;
- 4.3.6. 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-
  - 4.3.6.1. an internal appeal;

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<sup>1</sup> 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.*

<sup>2</sup> 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.*

<sup>3</sup> 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.*

<sup>4</sup> 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.*

- 4.3.6.2. a complaint to the Regulator; and
  - 4.3.6.3. 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;
  - 4.3.7. the provisions of sections 14<sup>5</sup> and 51<sup>6</sup> requiring a public body and private body, respectively, to compile a manual, and how to obtain access to a manual;
  - 4.3.8. the provisions of sections 15<sup>7</sup> and 52<sup>8</sup> providing for the voluntary disclosure of categories of records by a public body and private body, respectively;
  - 4.3.9. the notices issued in terms of sections 22<sup>9</sup> and 54<sup>10</sup> regarding fees to be paid in relation to requests for access; and
  - 4.3.10. the regulations made in terms of section 92<sup>11</sup>.
- 4.4. 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.

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<sup>5</sup> 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.*

<sup>6</sup> 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.*

<sup>7</sup> 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*

<sup>8</sup> 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*

<sup>9</sup> 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.*

<sup>10</sup> 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.*

<sup>11</sup> 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.”*

4.5. The Guide can also be obtained-

4.5.1. upon request to the Information Officer;

4.5.2. from the website of the Regulator (<https://www.justice.gov.za/inforeg/>).

4.6 A copy of the Guide is available in English, for public inspection during normal office hours

## 5. DESCRIPTION OF CATEGORY OF RECORDS WHICH ARE HELD BY THE COMPANY IN ACCORDANCE WITH LEGISLATION

Category of Records	Applicable Legislation
PAIA Manual	Promotion of Access to Information Act 2 of 2000
Share Register and Share Certificates	Companies Act 71 of 2008
Memorandum of Incorporation	Companies Act 71 of 2008
Registration Certificate	Companies Act 71 of 2008
Statutory Records / Documentation	Companies Act 71 of 2008

## 6. DESCRIPTION OF OTHER RECORDS WHICH MAY BE HELD BY THE COMPANY

- Annual Financial Statements
- Tax Returns
- Bank Statements
- Investment information
- Fixed Asset Register

## 7. PROCESSING OF PERSONAL INFORMATION

### 7.1 Purpose of Processing Personal Information

POPIA provides that personal information may only be processed lawfully and in a reasonable manner that does not infringe the data subject's privacy.

The type of personal information that the Company processes will depend on the purpose for which it is collected. Upon request, we will disclose to you why the personal information is being collected and will process the personal information for that purpose only.

**7.2 Description of the categories of Data Subjects and of the information or categories of information relating thereto**

<b>Categories of Data Subjects</b>	<b>Personal Information that may be processed</b>
Service Providers	Names, Registration Number, VAT numbers, contact details, trade secrets and bank details
Directors	Name, address, identification number and contact details
Shareholders	Name, address, identification number, contact details and bank details

**7.3 The recipients or categories of recipients to whom the personal information may be supplied**

<b>Category of personal information</b>	<b>Recipients or Categories of Recipients to whom the personal information may be supplied</b>
Name, Identity Number, contact details of Directors	The Companies and Intellectual Property Commission
Name, Identity Number, contact details for Directors and Shareholders. Bank account details, Annual Financial Statements with	The South African Revenue Service



Category of personal information	Recipients or Categories of Recipients to whom the personal information may be supplied
supporting documentation as may be required.	

#### **7.4 Planned transborder flows of personal information**

Personal information may be collected, used, processed and stored by the Company on our premises, off site or in the Cloud locally and / or internationally.

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

We will take appropriate, reasonable technical and organisational measures as required by the applicable law to protect the information submitted to or collected by the Company from loss, misuse, unauthorised disclosure, alteration or destruction.

### **8. AVAILABILITY OF THE MANUAL**

8.1 A copy of the Manual is available-

8.1.1 at the Registered Address of the Company for public inspection during normal business hours;

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

8.1.3 to the Information Regulator upon request.

8.2 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.

## 9. UPDATING OF THE MANUAL

The Information Officer will on a regular basis update this manual.

### ***Issued by***

*CL Back*

[C L Back \(Dec 21, 2021 11:59 GMT+2\)](#)

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**CHARLES LOUIS BACK  
INFORMATION OFFICER**



**INFORMATION  
REGULATOR  
(SOUTH AFRICA)**

*Ensuring protection of your personal information  
and effective access to information*

Address: JD House, 27 Stiemens Street  
Braamfontein, Johannesburg, 2001  
P.O. Box 31533  
Braamfontein, Johannesburg, 2017  
Tel: 010 023 5200  
Email: [PAIACompliance.IR@justice.gov.za](mailto:PAIACompliance.IR@justice.gov.za)

## REQUEST FOR A COPY OF THE GUIDE

### FORM 1

#### [Regulation 2]

I,

Full names:			
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
Sepedi		Sesotho	
Setswana		siSwati	
Tshivenda		Xitsonga	
Afrikaans		English	
isiNdebele		isiXhosa	
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 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 <i>(when made on behalf of another person)</i>			
Postal Address			
Street Address			
E-mail Address			
Contact Numbers	Tel. (B):		Facsimile:
	Cellular:		
Full names of person on whose behalf request is made <i>(if applicable)</i> :			
Identity Number			
Postal Address			

Street Address			
E-mail Address			
Contact Numbers	Tel. (B)		Facsimile
	Cellular		
<b>PARTICULARS OF RECORD REQUESTED</b>			
<i>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.)</i>			
Description of record or relevant part of the record:			
Reference number, if available			
Any further particulars of record			
<b>TYPE OF RECORD</b> <i>(Mark the applicable box with an "X")</i>			
Record is in written or printed form			
Record comprises virtual images <i>(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)</i>			
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")

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	
Facsimile of information in written or printed format (including transcriptions)	
E-mail of information (including soundtracks if possible)	
Cloud share/file transfer	
Preferred language (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)	

**PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED**

*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.*

Indicate which right is to be exercised or protected	

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

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

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

\_\_\_\_\_  
**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**  
*(mark the appropriate box with an "X")*

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**

*(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)*

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**

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**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"/>
<b>OUTCOME OF APPEAL</b>				
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**



# INFORMATION REGULATOR (SOUTH AFRICA)

*Ensuring protection of your personal information  
and effective access to information*

Address: JD House, 27 Stiemens Street  
Braamfontein, Johannesburg, 2001  
P.O. Box 31533  
Braamfontein, Johannesburg, 2017  
Tel: 010 023 5200  
Email: [PAIAComplaints@justice.gov.za](mailto:PAIAComplaints@justice.gov.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@justice.gov.za](mailto:PAIAComplaints@justice.gov.za) or complete online complaint form available at <https://www.justice.gov.za/inforegl/>.
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"/>

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

Postal address	Facsimile	Other electronic communication (Please specify)

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

<b>PART B REPRESENTATIVE INFORMATION</b> (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		

<b>PART C THIRD PARTY INFORMATION</b> (Please attach letter of authorisation)			
Type of Body	Private		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		

<b>PART D BODY AGAINST WHICH THE COMPLAINT IS LODGED</b>				
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				
Contact Numbers	Tel. (B):		Facsimile	
	Cellular			
Reference Number given (if any)				
<b>PART E COMPLAINT</b>				
<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.				
<b>PART F DETAILED TYPE OF ACCESS TO RECORDS</b>				
<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>I have appealed against the decision of the public body and the appeal is unsuccessful.</i>	<input type="checkbox"/>		
Unsuccessful application for condonation (Sections 77A(2)(b) and 75(2) of PAIA)	<i>I filed my appeal against the decision of the public body late and applied for condonation. The condonation application was dismissed.</i>	<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 \_\_\_\_\_

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***Complainant/Representative/Authorised person of Third party***





**INFORMATION  
REGULATOR  
(SOUTH AFRICA)**

*Ensuring protection of your personal information  
and effective access to information*

Address: JD House, 27 Stiemens Street  
Braamfontein, Johannesburg, 2001  
P.O. Box 31533  
Braamfontein, Johannesburg, 2017  
Tel: 010 023 5200  
Email: [PAIACompliance.IR@justice.gov.za](mailto:PAIACompliance.IR@justice.gov.za)

## REQUEST FOR ASSESSMENT

FORM 13

[Regulation 14(1)]

I,

<b>Full Names</b>			
<b>Postal Address</b>			
<b>Street Address</b>			
<b>E-Mail Address</b>			
<b>Contact Numbers</b>	<b>Tel. (B)</b>		<b>Facsimile</b>
	<b>Cellular</b>		

hereby, in terms of section 77H of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000), request that the Information Regulator assess whether the under-mentioned public or private body generally complies with the provisions of the Act insofar as its policies and implementation procedures are concerned.

<b>Name of Private / Public Body</b>			
<b>Postal Address</b>			
<b>Street Address</b>			
<b>E-Mail Address</b>			
<b>Contact Numbers</b>	<b>Tel. (B)</b>		<b>Facsimile</b>
	<b>Cellular</b>		

**PARTICULARS OF INFORMATION TO BE ASSESSED**

**PERSONS AFFECTED BY THE RELEVANT INFORMATION PRACTICE/S**

**THE REASON WHY AN ASSESSMENT IS REQUESTED**

**SPECIFIC ASPECTS OF THE INFORMATION THAT THE ASSESSMENT SHOULD ADDRESS**

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
**Requester**






# PAIA Manuals Email 4

Final Audit Report

2021-12-21

Created:	2021-12-21
By:	MD Accountants Auditors (adobestaff@mdacc.co.za)
Status:	Signed
Transaction ID:	CBJCHBCAABAAns7eQaXrZPo1LA9VpYMGaiC7YCS8-Co2

## "PAIA Manuals Email 4" History

-  Document created by MD Accountants Auditors (adobestaff@mdacc.co.za)  
2021-12-21 - 9:52:27 AM GMT- IP address: 41.193.203.102
-  Document emailed to C L Back (charles@fairview.co.za) for signature  
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-  Email viewed by C L Back (charles@fairview.co.za)  
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-  Document e-signed by C L Back (charles@fairview.co.za)  
Signature Date: 2021-12-21 - 9:59:22 AM GMT - Time Source: server- IP address: 197.242.203.101
-  Agreement completed.  
2021-12-21 - 9:59:22 AM GMT

**FORM 3**  
**OUTCOME OF REQUEST AND OF FEES PAYABLE**  
 [Regulation 8]

Note:

1. If your request is granted the—
  - (a) amount of the deposit, (if any), is payable before your request is processed; and
  - (b) requested record/portion of the record will only be released once proof of full payment is received.
2. Please use the reference number hereunder in all future correspondence.

Reference number: \_\_\_\_\_

TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Your request dated \_\_\_\_\_, refers.

**1. You requested:**

Personal inspection of information 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> ) is free of charge. You are required to make an appointment for the inspection of the information and to bring this Form with you. If you then require any form of reproduction of the information, you will be liable for the fees prescribed in Annexure B.	
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**OR**

**2. You requested:**

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

**3. To be submitted:**

Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed format ( <i>including transcriptions</i> )	
E-mail of information ( <i>including soundtracks if possible</i> )	
Cloud share/file transfer	
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> )	

Kindly note that your request has been:

Approved

Denied, for the following reasons:

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**4. Fees payable with regards to your request:**

Item	Cost per A4-size page or part thereof/item	Number of pages/items	Total
Photocopy			
Printed copy			
For a copy in a computer-readable form on:			
(i) Flash drive	R40.00		
• To be provided by requestor			
(ii) Compact disc	R40.00		
• If provided by requestor			
• If provided to the requestor	R60.00		
For a transcription of visual images per A4-size page	Service to be outsourced. Will depend on the quotation of the service provider		
Copy of visual images			
Transcription of an audio record, per A4-size	R24.00		
Copy of an audio record			
(i) Flash drive	R40.00		
• To be provided by requestor			
(ii) Compact disc	R40.00		
• If provided by requestor			
• If provided to the requestor	R60.00		
Postage, e-mail or any other electronic transfer:	Actual costs		
<b>TOTAL:</b>			

**5. Deposit payable (if search exceeds six hours):**

Yes

No

Hours of search	Amount of deposit (calculated on one third of total amount per request)

The amount must be paid into the following Bank account:

Name of Bank: \_\_\_\_\_  
 Name of account holder: \_\_\_\_\_  
 Type of account: \_\_\_\_\_  
 Account number: \_\_\_\_\_  
 Branch Code: \_\_\_\_\_  
 Reference Nr: \_\_\_\_\_  
 Submit proof of payment to: \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 Information officer