



# Promotion of Access to Information Manual

*Prepared in terms of Section 51 of The Promotion of Access to Information Act 2 of 2000 (the "Act")*

|                            |               |
|----------------------------|---------------|
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## **PART 01 | ABOUT OUR BUSINESS AND OUR RELEVANT CONTACT DETAILS**

### **INTRODUCTION OF OUR BUSINESS**

FSP Solutions (PTY) Ltd conducts business as an insurance administrator for certain insurance companies.

We also provide leading technology as a multiple product Platform provider for licensed intermediaries in South Africa. Through the Platform, we aggregate benefits to various stakeholders in the value chain through multiple products, efficiencies, enhanced compliance and other.

### **FSP FAIS License Number:**

7889

### **Website:**

[www.fspsolutions.com](http://www.fspsolutions.com)

### **Physical Address of FSP Solutions:**

1403 Starkey Avenue, Waverley, Pretoria, Gauteng.

### **Postal Address of FSP Solutions:**

PO Box 50030, Randjesfontein, Gauteng, 1683

### **Telephone Number:**

010 001 2602

### **Email Address of CEO of FSP Solutions:**

lucas@fspsolutions.com

### **Email Address of Information Officer:**

retha@fspsolutions.com



## **PART 02 | THE SAHRC'S GUIDE ON HOW TO USE THE PROMOTION OF ACCESS TO INFORMATION ACT**

The ACT grants a requester access to records of a private body, if the record is required for the exercise or protection of any rights. If a public body lodges a request, the public body must be acting in the public interest.

Requests in terms of the ACT shall be made in accordance with the prescribed procedures, at the rates provided. The forms and tariff are dealt with in paragraphs 6 and 7 of the Act.

Requesters are referred to the Guide in terms of Section 10 which has been compiled by the South African Human Rights Commission, which will contain information for the purposes of exercising Constitutional Rights. The Guide is available from the SAHRC.

### **Contact Details of the Commission:**

Private Bag 2700, Houghton, 2041

### **Telephone Number:**

+27 (11) 877 3600

### **Fax Number:**

+27 (11) 403 0625

### **Website:**

[www.sahrc.org.za](http://www.sahrc.org.za)

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## **PART 03 | RECORDS AVAILABLE IN TERMS OF OTHER LEGISLATION**

The requester may also request information which is available in terms of legislation, such as the following:

- Basic Conditions of Employment Act
  - Companies Act
  - Compensation for Occupational Injuries & Diseases Act
  - Employment Equity Act
  - National Credit Act
  - Pension Funds Act
-



- Financial Services Board Act
- Income Tax Act
- Labor Relations Act
- Unemployment Insurance Act
- Long Term Insurance Act
- Occupational Health And Safety Act
- Promotion of Equality and Prevention of Unfair Discrimination Act
- Electronic Communications and Transactions Act
- Short Term Insurance Act
- Skills Development Act
- Skills Development Levies Act
- South African Qualifications Authority
- VAT Act
- Financial Intelligence Centre Act
- Financial Advisory and Intermediary Services Act
- Protection of Constitutional Democracy Against Terrorist and related Activities Act.

#### **TYPES OF RECORDS:**

The following records of the company are available on request:

##### **Personnel Records:**

- Personal staff records
- Salary records
- Conditions of employment and other personnel-related contractual legal records
- UIF records
- Tax records
- Leave records
- Training schedules and material

##### **Customer-Related Records:**

- Records pertaining to customers / clients
- Records pertaining to transactions

##### **Financial Records:**

- Management reports
- VAT returns
- Income tax returns and assessments
- Invoices
- Receipts
- Regional Services Council returns
- SETA returns

**Company Information:**

- Operational records
- Databases
- Information technology
- Marketing records
- Internal correspondence
- Product records
- Statutory records
- Internal policies and procedures
- Compliance records
- Securities and equities
- Records held by officials
- Shareholder records
- Board members
- Incorporation documents
- Minutes of meetings
- Share allotment register
- Company resolutions and statutory company documentation

**Other Parties:**

- Contractors
- Suppliers
- Auditors
- Attorneys
- Joint ventures
- Administrators

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**PART 04 | HOW TO REQUEST INFORMATION**

- 1)** Complete **Form 2** as included in this manual.
- 2)** If an individual is unable to complete the prescribed form because of illiteracy or disability, such a person may make the request orally.
- 3)** If a request is made on behalf of another person, then the requester must submit proof of the capacity in which the requester is making the request to the reasonable satisfaction of the information officer.



- 4) Submit form to the Information Officer at the postal or physical address, fax number or electronic mail address as stated in Part 1 above.
- 5) The requester must pay the prescribed fee before any further processing can take place.
- 6) FSP Solutions will process the request within 30 days, unless the requestor has stated special reasons, which would satisfy the Information Officer that circumstances dictate that the above time periods not be complied with.
- 7) Records held by the institution may be accessed by requests only. This only happens once the requirements for access have been met.

A requester is any person making a request for access to a record of the institution.

**There are two types of requesters:**

**PERSONAL REQUESTER:**

A person seeking access to a record containing personal information about him, her or itself.

**OTHER REQUESTER:**

This person is entitled to request access to information on third parties.

However, FSP Solutions is not obliged to voluntarily grant access.

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## PART 05 | FEES

The Act provides for two types of fees:

- 1) A request fee, which will be a standard fee;
- 2) An access fee, which must be calculated by taking into account reproduction costs, search and preparation time and cost, as well as postal costs.

When the Information Officer receives the request, he / she shall notify the requester to pay the prescribed request fee (if any), before further processing of the request. The information officer may withhold a record until the requester has paid the fees. If a deposit has been paid in respect of a request for access, which is refused, then the Information Officer concerned must repay the deposit to the requester.

To view the fee structure, please see **Form 3** attached.



## PART 06 | REFUSAL TO GRANT ACCESS TO RECORDS

FSP Solutions will, within 30 days of receipt of the request, decide whether to grant or decline the request and give notice with reasons (if required) to that effect. The 30-day period with which FSP Solutions has to decide whether to grant or refuse the request, may be extended for a further period of not more than 30 days if the request is for a large number of information, or the request requires a search for information held at another office of FSP Solutions, and the information cannot reasonably be obtained within the original 30-day period.

FSP Solutions will notify the requester in writing should an extension be required.

### **The main grounds to refuse a request for information are:**

- 1) Mandatory protection of privacy of a third party who is a natural person, which would involve unreasonable disclosure of personal information of that natural person;
- 2) Mandatory protection of the commercial information of a third party, if the record contains trade secrets of that third party; financial, commercial, scientific or technical information which disclosure could likely cause harm to the financial or commercial interest of that third party; information disclosed in confidence by a third party to the institution, if the disclosure could put that third party at a disadvantage in negotiations or commercial competition;
- 3) Mandatory protection of confidential information of third parties if it is protected in terms of any agreement;
- 4) Mandatory protection of the safety of individuals and the protection of property;
- 5) Mandatory protection of records, which would be regarded as privileged in legal proceedings;
- 6) The commercial activities of the institution, which may include trade secrets of the institution; financial, commercial, scientific or technical information which disclosure could likely cause harm to the financial or commercial interests of the institution; information which, if disclosed could put the institution at a disadvantage in negotiations or commercial competition; a computer program which is owned by the institution, and which is protected by copyright; the research information of the institution or a third party, if its disclosure would disclose the identity of the institution, the researcher or the subject matter of the research and would place the research at a serious disadvantage;
- 7) Requests for information that are clearly frivolous or vexation, or which involve an unreasonable diversion of resources shall be refused.





## PART 07 | **AVAILABILITY OF THE MANUAL**

The FSP Solutions Information Manual is made available in terms of Regulation.  
The manual will also be available on the website at [www.fpsolutions.com](http://www.fpsolutions.com)

# 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<br><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><br><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   |          |  |           |

| <b>FORM OF ACCESS</b><br><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> |  |
| 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 record on flash drive <i>(including virtual images and soundtracks)</i>  |  |
| Copy of record on compact disc drive <i>(including virtual images and soundtracks)</i>   |  |
| Copy of record saved on cloud storage server   |  |

| <b>MANNER OF ACCESS</b><br><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> |  |
| 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<br><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>  |  |

| <b>PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED</b>   |  |
|--|--|
| <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   |  |
|  |  |
|  |  |

|  |  |
|--|--|
| 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<br><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:<br/>(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**

**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. |  |
|---|--|

**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:<br>( <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:

|  |
|--|
|  |
|--|

**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                            | R60.00   |                       |       |
| • If provided to the requestor                        |  |                       |       |
| 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                            | R60.00   |                       |       |
| • If provided to the requestor                        |  |                       |       |
| 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<br>(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*



010 001 2602

[www.FSPSolutions.com](http://www.FSPSolutions.com)



AUTHORISED FINANCIAL  
SERVICES PROVIDER

FSP LICENCE NO: 7889



**DIRECTORS**

LS Bothma  
MA Botha  
WP Van Huyssteen



**ADDRESS**

PO Box 50030  
Randjesfontein  
1683



**CONTACT**

tel: 010 001 2602  
[info@fsp solutions.com](mailto:info@fsp solutions.com)  
[www.FSPSolutions.com](http://www.FSPSolutions.com)