



69 Fifth Avenue Northmead Benoni  
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**MANUAL**

**in terms of Section 51 of**

**The Promotion of Access to Information Act**

**2 of 2000**

**(the "ACT")**

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## **1. INTRODUCTION**

All Business Risk Insurance Brokers (Pty) Limited conducts business as a Short-Term Insurance Broker. We are an Authorized Service Provider in terms of the Financial Advisory & Intermediary Service Act. Our FSP licence number is FSP 36541

All Business Risk Insurance Brokers (Pty) Limited is licensed to provide Advice and Intermediary services in the following products:

- Short Term Insurance Personal Lines
- Short Term Insurance Commercial Lines

## **2. COMPANY CONTACT DETAILS**

Directors: Mr. Frederick Casper Nel (Managing)

Information Officer Mr. Frederick Casper Nel

Postal Address: PO Box 131344, Northmead, Benoni, 1511

Street Address: 69 Fifth Avenue, Northmead, Benoni, 1501

Telephone Number: 011 425 6477

Fax Number: 0866 753 978

Email: [fred@allbusinessrisk.co.za](mailto:fred@allbusinessrisk.co.za)

### **3. THE ACT**

- 3.1** 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.
- 3.2** 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.
- 3.3** 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.  
The contact details of the Commission are:

Postal Address: 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)

### **4. APPLICABLE LEGISLATION**

<b><u>No</u></b>	<b><u>Ref</u></b>	<b><u>Act</u></b>
1	No 61 of 1973	Companies Act
2	No 98 of 1978	Copyright Act
3	No 55 of 1998	Employment Equity Act
4	No 95 of 1967	Income Tax Act
5	No 66 of 1995	Labour Relations Act
6	No 89 of 1991	Value Added Tax Act
7	No 37 of 2002	Financial Advisory and Intermediary Services Act
8	No 75 of 1997	Basic Conditions of Employment Act
9	No 69 of 1984	Close Corporations Act
10	No 25 of 2002	Electronic Communications and Transactions Act
11	No 2 of 2000	Promotion of Access of Information Act
12	No 30 of 1996	Unemployment Insurance Act
13	No 9 of 2017	Financial Sector Regulation Act
14	No 18 of 2017	Insurance Act
15	No 53 of 1998	Short Term Insurance Act
16	No 4 of 2013	Protection of Personal Information Act
18	Act 38 of 2001	Financial Intelligence Centre Act
19	Act 37 of 2004	Financial Services Ombud Schemes Act

## 5. Schedule of Records

<u>Records</u>	<u>Subject</u>	<u>Availability</u>
Company Records	<ul style="list-style-type: none"><li>○ Registrations and statutory authorisations and documents</li></ul>	To be requested according to PAIA request procedure if not available on the Authorities public website.
Records relating to operational aspects of the business	<ul style="list-style-type: none"><li>○ Financial records</li><li>○ Operational records</li><li>○ Regulatory Correspondence</li><li>○ Statutory records</li><li>○ Internal correspondence</li><li>○ Statutory policies and procedures</li><li>○ Internal policies and procedures</li><li>○ Records of contractual agreements between All Business Risk Insurance Brokers (Pty) Ltd and third parties</li><li>○ Asset register</li><li>○ Minutes of meetings</li></ul>	To be requested according to PAIA request procedure as set out in this manual
Client Records	<ul style="list-style-type: none"><li>○ Client data</li><li>○ Transaction records</li><li>○ Communication and correspondence records</li></ul>	To be requested according to PAIA request procedure as set out in this manual
Employee records	<ul style="list-style-type: none"><li>○ Employment Records</li><li>○ Communications</li><li>○ Training and Competence registers</li></ul>	To be requested according to PAIA request procedure as set out in this manual

## 6. FORM OF REQUEST

To facilitate the processing of your request, kindly:

**6.1** Use the prescribed form, available on the website of the SOUTH AFRICAN HUMAN RIGHTS COMMISSION at [www.sahrc.org.za](http://www.sahrc.org.za). (also attached as Form 2)

**6.2** Address your request to the Head of the Company (CEO).

**6.3** Provide sufficient details to enable the COMPANY to identify:

- (a) The record(s) requested;
- (b) The requester (and if an agent is lodging the request, proof of capacity);
- (c) The form of access required;

- (d) (i) The postal address or fax number of the requester in the Republic;
- (ii) If the requester wishes to be informed of the decision in any manner (in addition to written) the manner and particulars thereof;
- (e) The right which the requester is seeking to exercise or protect with an explanation of the reason the record is required to exercise or protect the right.

**7. PRESCRIBED FEES** (attached as Form 3)

The following applies to requests (other than personal requests):

- 7.1** A requestor is required to pay the prescribed fees (R50.00) before a request will be processed;
- 7.2** If the preparation of the record requested requires more than the prescribed hours (six), a deposit shall be paid (of not more than one third of the access fee which would be payable if the request were granted);
- 7.3** A requestor may lodge an application with a court against the tender/payment of the request fee and/or deposit;
- 7.4** Records may be withheld until the fees have been paid.
- 7.5** The fee structure is available on the website of the SOUTH AFRICAN HUMAN RIGHTS COMMISSION at [www.sahrc.org.za](http://www.sahrc.org.za).

Review Date: 11 October 2023



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**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: <input type="text"/>
	Cellular:		
Full names of person on whose behalf request is made <i>(if applicable):</i>			
Identity Number			

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 <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	

**MANNER OF ACCESS**  
*(Mark the applicable box with an "X")*

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 <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>	

**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 \_\_\_\_\_

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***Signature of Requester / person on whose behalf request is made***

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**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):	

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***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.	
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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:

**1. 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>			

**2. 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 \_\_\_\_\_