

ASSUPOL LIFE

MANUAL IN TERMS OF SECTION 51 OF THE PROMOTION OF ACCESS TO INFORMATION ACT NO. 2 OF 2000 (“the Act”)

1. CONTACT PARTICULARS OF ASSUPOL LIFE FOR PURPOSES OF THE ACT

- 1.1 Full name: Assupol Life
- 1.2 Appointed Information Officer: Mukunda Naidoo
- 1.3 Street Address: 308 Brooks Street, Menlo Park, Pretoria
- 1.4 Postal Address: PO Box 35900, Menlo Park, 0102
- 1.5 Telephone number: (012) 741 - 4152
- 1.6 Fax number: (012) 362 - 4005
- 1.7 Email address: mukundan@assupol.co.za
- 1.8 Web site: www.assupol.co.za

2. THE HUMAN RIGHTS COMMISSION GUIDE ON HOW TO USE THE ACT

The Human Rights Commission is obligated in terms of the Act to compile in each official language, a guide in order to assist persons to exercise their rights in terms of the Act. The guide will be available for inspection by the public at the offices of the Human Rights Commission. Inquiries regarding the guide can be addressed to the Human Rights Commission, the contact details of which are as follows:

- 2.1 Postal Address: South African Human Rights Commission
Promotion of Access to Information Act Unit
Research and Documentation Department
Private Bag 2700
Houghton
2041



2.2 Telephone number: (011) 484-8300
2.3 Fax number: (011) 484-7146
2.4 Web site: www.sahrc.org.za
2.5 Email: PAIA@sahrc.org.za

3. RECORDS AVAILABLE IN TERMS OF OTHER LEGISLATION: SECTION 51(1)(d)

Assupol Life holds information/documents in accordance with the following legislation:

Long-Term Insurance Act, 52 of 1998

Employment Equity Act, 55 of 1998

Pension Funds Act, 24 of 1956

Pension Fund Regulations

Policyholder Protection Rules

Financial Intelligence Centre Act, 38 of 2001

Financial Advisory and Intermediary Services Act, 32 of 2002

Income Tax Act, 58 of 1962

Labour Relations Act, 66 of 1995

Value Added Tax Act, 89 of 1991

Basic Conditions of Employment Act, 75 of 1997

Unemployment Insurance Act, 63 of 2001

Trade Marks Act, 194 of 1993

Compensation for Occupational Injuries and Diseases Act, 130 of 1993

National Payment System Act, 78 of 1998

Occupational Health & Safety Act, 85 of 1993



Skills Development Levies Act, 9 of 1999

Skills Development Act, 97 of 1998

Unemployment contributions Act, 4 of 2002

4. SUBJECTS AND CATEGORIES OF RECORDS HELD BY ASSUPOL LIFE:

4.1 COMPANIES ACT RECORDS

- Documents of incorporation
- Memorandum and Articles of Association
- Minutes of Board of Directors meetings
- Records relating to the appointment of directors, auditors and other public officers

4.2 FINANCIAL RECORDS

- Annual Financial Statements
- Tax Returns
- Accounting Records
- Asset Register
- Lease Agreements
- Business Agreements

4.3 INCOME TAX RECORDS

- PAYE
- Documents issued to employees for income tax purposes
- Records of payments to SARS on behalf of employees
- All other statutory compliances:
 - VAT
 - UIF
 - Workmen's Compensation



4.4 PERSONNEL DOCUMENTS AND RECORDS

- Employment contracts
- Employment Equity Plan (if applicable)
- Medical Aid records
- Pension Fund records
- Disciplinary records
- Salary records
- SETA records
- Disciplinary code
- Leave records
- Training records
- Training Manuals

5. DETAILS ON HOW TO MAKE A REQUEST FOR ACCESS – SECTION 51(e)

- The requester must complete the attached Form C and submit this form together with a request fee, to the Information Officer.
- The form must be submitted to Information Officer at:

Mukunda Naidoo

308 Brooks Street

Menlo Park

Pretoria

0081

Fax: 012 – 741 – 4005

E mail: mukundan@assupol.co.za



- The form must: provide sufficient particulars to enable the Information Officer to identify the record/s requested and to identify the requester.
- Your request will then be reviewed by the Assupol Information Officer. Please take note that should your application be successful an amount as specified in the regulations to the Act must be paid in order to obtain copies of the requested documentation.
- It is important to note that access is not automatic – you must identify the right you are seeking to exercise or protect and explain why the record you request is required for the exercise or protection of that right.
- If the request is made on behalf of another person, sufficient proof of capacity must be submitted to the Information Officer.
- The Information Officer must be advised of the form and manner in which the decision to access the information must be provided to the requester.



FORM C

REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY
(Section 53(1) of the Promotion of Access to Information Act, 2000
(Act No. 2 of 2000)

[Regulation 10]

A. ASSUPOL LIFE

The Head Information Officer: Mukunda Naidoo

B. Particulars of person requesting access to the record

- | | |
|-----|---|
| (a) | The particulars of the person who requests access to the record must be given below. |
| (b) | The address and/or fax number in the Republic to which the information is to be sent must be given. |
| (c) | Proof of the capacity in which the request is made, if applicable, must be attached. |

Full names and surname:

Identity number:

Postal address:

Fax number:

Telephone number:

E-mail address:

Capacity in which request is made, when made on behalf of another person:

C. Particulars of person on whose behalf request is made

This section must be completed <i>ONLY</i> if a request for information is made on behalf of another person.
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Full names and surname:

Identity number:

D. Particulars of record

- | | |
|-----|--|
| (a) | 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. |
| (b) | If the provided space is inadequate, please continue on a separate folio and attach it to this form. The requester must sign all the additional folios. |

- 1 Description of record or relevant part of the record:
- 2 Reference number, if available:
- 3 Any further particulars of record:

E. Fees

- (a) A request for access to a record, other *than* a record containing personal information about yourself, will be processed only after a request fee has been paid.
- (b) You will be *notified of* the amount required to be paid as the request fee.
- (c) The fee payable for access to a record depends *on* the form *in which* access is required and the reasonable time *required* to search for and prepare a record.
- (d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption from payment of fees:

F. Form of access to record

If you are prevented by a disability to read, view or listen to the record in the form of access provided for in 1 to 4 hereunder, state your disability and indicate in which form the record is required.

Disability:	Form in which record is required
Mark the appropriate box with an X.	
<p>NOTES:</p> <p>(a) Compliance with your request in the specified form may depend on the form in which the record is available.</p> <p>(b) Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form.</p> <p>(c) The fee payable for access for the record, if any, will be determined partly by the form in which access is requested.</p>	

1. If the record is in written or printed form:					
<input type="checkbox"/>	copy of record*	<input type="checkbox"/>	inspection of record		
2. If record consists of visual images this includes photographs, slides, video recordings, computer-generated images, sketches, etc)					
<input type="checkbox"/>	view the images	<input type="checkbox"/>	copy of the images"		
<input type="checkbox"/>		<input type="checkbox"/>	transcription of the images*		
3. If record consists of recorded words or information which can be reproduced in sound:					
<input type="checkbox"/>	listen to the soundtrack audio cassette	<input type="checkbox"/>	transcription of soundtrack* written or printed document		
4. If record is held on computer or in an electronic or machine-readable form:					
<input type="checkbox"/>	printed copy of record*	<input type="checkbox"/>	printed copy of information derived from the record"		
<input type="checkbox"/>		<input type="checkbox"/>	copy in computer readable form* (stiffy or compact disc)		
'If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? Postage is payable.			<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO				

G Particulars of right to be exercised or protected

If the provided space is inadequate, please continue on a separate folio and attach it to this form. The requester must sign all the additional folios.

1. Indicate which right is to be exercised or protected:

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

H. Notice of decision regarding request for access

You will be notified in writing whether your request has been approved/denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.

How would you prefer to be informed of the decision regarding your request for access to the record?

Signed at..... This..... day of20

SIGNATURE OF REQUESTER / PERSON ON
WHOSE BEHALF REQUEST IS MADE