

**PROMOTION OF ACCESS TO INFORMATION ACT
ACT NO. 2 OF 2000
SECTION 51 MANUAL FOR CIMS SOUTH AFRICA
(PROPRIETARY) LTD
AS AT 1 DECEMBER 2011**

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Cims South Africa (Pty) Ltd, 25A Eaton Ave, Bryanston, Johannesburg, South Africa, 2152, P.O. Box 1468, Sunninghill, 2157
Telephone: +27 (0)11 463 8723, Fax: +27 (0)11 463 1841, Website: www.cimssa.co.za, E-mail: enquiries@cimssa.co.za

Reg. No. 1994/000030/07

Cims is a registered Financial Services Provider. FSP Number

Directors: J C Liversage, D Brophy, MLD Child*, M Conforti**, GV Huser***, * British **Italian ***French

1. INTRODUCTION TO CIMS

The company was formed in 1994 under the name Multi-Emergency Management. The name was changed to Cims South Africa in February 2004. Cims is an Independent Business Consultant and Relationship Management Company representing best practice service providers. Cims offers a complete solution offering customer strategies, business solutions, packaged value added products & services , rewards and loyalty programmes. Cims offers more than 270 uniquely tailored and packaged Lifestyle Products and Services Programmes, within multiple industries, including Financial, Legal, Medical, Roadside, Domestic, Travel, Leisure, Telecommunication, Funeral, Security and Education Assistance.

2. COMPANY CONTACT DETAILS

The designated person who is authorized to provide information if requested is as follows :

Director	
Diana Brophy	
Postal address	P O Box 1468, Sunninghill, 2157
Street address	25A Eaton Avenue, Bryanston, 2152
Telephone numbers	(011) 463 8723
Fax numbers	(011) 463 1841
Electronic Mail Address	diana@cimssa.co.za
Company registration number	1994/000030/07

3. THE ACT

- 3.1 The ACT grants a requester access to records of Cims, 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.

3.3 Requesters are referred to the Guide to be compiled by the South African Human Rights Commission, which will contain information for the purposes of exercising Constitutional Rights.

The Guide will be available in August 2003. The contact details of the Commission are:

Postal Address: Private Bag 2700, Houghton, 2041

Telephone Number: +27-11-887 3600

Fax Number: +27-11-484 0582

Website: www.sahrc.org.za

4. APPLICABLE LEGISLATION

NO	REFERENCE	ACT
1	No 71 of 2008	Companies Act
2	No 3 of 2011	Companies Amendment Act
3	No 98 of 1978	Copyright Act
4	No 55 of 1998	Employment Equity Act
5	No 95 of 1967	Income Tax Act
6	No 66 of 1995	Labour Relations Act
7	No 89 of 1991	Value Added Tax Act
8	No 37 of 2002	Financial Advisory and Intermediary Services Act
9	No 75 of 1997	Basic Conditions of Employment Act
10	No 69 of 1984	Close Corporations Act
11	No 25 of 2002	Electronic Communications and Transactions Act
12	No 2 of 2000	Promotion of Access of Information Act
13	No 30 of 1996	Unemployment Insurance Act

14	No 4 of 2002	Unemployment Contributions Act
15	No 130 of 1993	Compensation for Occupational Injuries and Health Diseases Act
16	No 9 of 1999	Skills Development Levies Act
17	No 97 of 1998	Skills Development Act

5. ACCESS TO RECORDS AND AVAILABILITY

Records	Subject	Availability
Public Affairs	<ul style="list-style-type: none"> Public Product Information Public Corporate Records Media Releases 	Limited information available on our web site www.cimssa.co.za alternatively request a face to face meeting to discuss your requirements and the information you require.
Financial	<ul style="list-style-type: none"> Financial Statements Financial and Tax Records (Company & Employees) Asset Register Management Accounts 	Proprietary (Pty Ltd) - Not required to disclose. Not available.
Marketing	<ul style="list-style-type: none"> Market Information Public Customer Information: <ul style="list-style-type: none"> Product Brochures Performance Records Product Sales Records 	Limited Information available on our web site – www.cimssa.co.za , alternatively request a face to face meeting to discuss your requirements and the information you require

6. FORM OF REQUEST

To facilitate the processing of your request, kindly:

- 6.1 Use the prescribed form which is attached to this manual on page 6, and is also available on the website of the SOUTH AFRICAN HUMAN RIGHTS COMMISSION at www.sahrc.org.za, or the website of THE DEPARTMENT OF JUSTICE AND CONSTITUTIONAL DEVELOPMENT (under regulations) at www.doj.gov.za
- 6.2 Address your request to the Director : Mrs Diana Brophy.
- 6.3 Provide sufficient details to enable Cims 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

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, or the website of THE DEPARTMENT OF JUSTICE AND CONSTITUTIONAL DEVELOPMENT (under regulations) at <http://www.doj.gov.za/>



Signed : **DIANA BROPHY**

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. Particulars of private body

The Head:

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
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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"/>	transcription of the images*
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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
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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"/>	copy in computer readable form* (stiffy or compact disc)
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'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.	YES	NO
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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