

**PROMOTION OF ACCESS TO INFORMATION ACT  
("PAIA") AND PROTECTION OF PERSONAL INFORMATION ACT ("POPIA")**

## **SECTION 51 MANUAL**

Prepared in accordance with Section 51 of the Promotion of Access to  
Information Act, No. 2 of 2000

This document serves as the Information Manual as required by Section 51(1) of the Promotion of Access to Information Act, No.2 of 2000 (the "Act") for a Private Body. It provides information on the Records held, and the process that is to be followed to request access to such Records.

### **DR NIEL VAN WYK INCORPORATED**

Private Body



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## **PART A: General**

### **A.1. What is the purpose of this Manual?**

- A.1.1. Under the Promotion of Access to Information Act 2000 (“PAIA”), Dr Niel van Wyk Incorporated (hereinafter referred to as “Dr Niel van Wyk Incorporated”, “we” and “us”) is required to grant individuals access to Records held by Dr Niel van Wyk Incorporated if that Record is required by the individual to exercise or protect any legal right that individual enjoys under the law.
- A.1.2. Additionally, under the Protection of Personal Information 2013 (“POPI”), Dr Niel van Wyk Incorporated are required to be open and transparent about how we handle personal information and allow individuals to access and correct their personal information.
- A.1.3. The purpose of this Manual is to set out the information which Dr Niel van Wyk Incorporated is legally required to disclose under PAIA and POPI, and to explain how you can exercise your statutory rights under PAIA and POPI with respect to Records and personal information handled by us.

### **A.2. What is the status and scope of this Manual?**

- A.2.1. This Manual (version 2.0) was last updated on **13 October 2023** and will become effective on **15 October 2023**.
- A.2.2. This Manual may be revised from time to time to reflect changes in laws and regulations, or changes in Dr Niel van Wyk Incorporated’s business operation.

### **A.3. Introduction to the Practices**

- A.3.1. This Manual is applicable to the following Medical Practices: Dr Niel van Wyk Incorporated and Free State Eye & Laser Centre. These private Practices are the Practices of Dr Niel van Wyk. Dr Niel van Wyk Incorporated and Free State Eye & Laser Centre are South African Entities specializing in Eye Specialist Services.
- A.3.2. These Practices are run according to the requirements set by the Health Professions Act No. 56 of 1974, and is subject to the authority of the Health Professionals Council of South Africa (HPCSA).
- A.3.3. The Practitioners practicing at these Practices are registered at the HPCSA and provide Eye Specialist Services within the scope and ambit of their registration, competence, and training. The Practitioners are bound by the Ethical Rules issued by the HPCSA, most notably the duty to preserve patient confidentiality, unless legislation or a court order provides otherwise.
- A.3.4. Requesters should note that commercial information and financial information may be withheld on the grounds of sections 63-70.

#### **A.4. Our rights under the Promotion of Access to Information Act**

- A.4.1. On 9 March 2001, the Promotion of Access to Information Act, became operative, giving effect to the constitutional right of access to any information held by the State and any information that is held by another person and that is required for the exercise or protection of any rights; and to provide for matters connected therewith.
- A.4.2. Under PAIA, everyone has the right to access.
- a) any information held by the state; and
  - b) any information that is held by another person and that is required for the exercise or protection of any rights.
- A.4.3. A Public Body may make a request for information under PAIA only if, in making the request, the Public Body is acting in the public interest.
- A.4.4. Records Dr Niel van Wyk Incorporated makes available under PAIA is described hereinafter. If you wish to make a request under PAIA Dr Niel van Wyk Incorporated, please follow the procedure described in The Section 10 Manual. Please note that your request will be subject to the applicable charges set out in The Section 10 Manual.
- A.4.5. You can learn more about your rights under PAIA by contacting the South African Human Rights Commission (“SAHRC”) at:

<b>Address:</b>	Braampark Forum 3 33 Hoofd Street Braamfontein South Africa
<b>E-Mail:</b>	<a href="mailto:info@sahrc.org.za">info@sahrc.org.za</a>
<b>Website:</b>	<a href="http://www.sahrc.org.za"><u>http://www.sahrc.org.za</u></a>
<b>Tel No:</b>	+27 11 877 3600

**A.5. Availability of this Manual [S 51(1)(a)(i) – Promotion of Access to Information Act]**

A.5.1. A copy of this Manual is available to the public for inspection at our website/registered offices as listed below or on request from the designated contact person.

A.5.2. **Contact Details [S 51(1)(a)(i)]** - This contact person is responsible for the administration of and compliance with the Act in a fair objective and unbiased manner.

<b>Name of Practices:</b>	Dr Niel van Wyk Incorporated & Free State Eye & Laser Centre
<b>Registration No:</b>	2016/255860/21 & 2022/457737/07
<b>Information Officer:</b>	Dr DJ van Wyk
<b>Deputy Information Officer:</b>	Ailleen van Wyk
<b>Physical Address:</b>	Free State Medical Centre, Suite 208, 29 Poole Street, Brandwag, Bloemfontein 9301
<b>Postal Address:</b>	Free State Medical Centre, Suite 208, 29 Poole Street, Brandwag, Bloemfontein 9301
<b>Tel No:</b>	051 011 8848
<b>Fax No:</b>	051 444 0015
<b>E-Mail Address:</b>	<a href="mailto:drnielvanwyk@gmail.com">drnielvanwyk@gmail.com</a>
<b>Website:</b>	<a href="http://www.nielvanwyk.co.za">www.nielvanwyk.co.za</a> <a href="http://www.freestateeyeandlaser.co.za">www.freestateeyeandlaser.co.za</a>

## PART B: Processing Operations insofar the PAIA Act concerned

### B.1. Description of the guide referred to in Section 10, if available, and how to obtain access to it [Sect 51(1)(b)(i)].

- B1.1. 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.
- B1.2. Requests in terms of the ACT shall be made in accordance with the prescribed procedures, at the rates provided.
- B1.3. 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.
- B1.4. The Guide is available from the SAHRC.
- B1.5. The contact details of the Commission are:

<b>Postal Address:</b>	Private Bag 2700 Houghton, 2041
<b>Tel No:</b>	+27-11-877 3600
<b>Fax No:</b>	+27-11-403 0625
<b>Website:</b>	<a href="http://www.sahrc.org.za">www.sahrc.org.za</a>

### B.2. The latest notice in terms of section 52(2), if any, regarding the categories of Records of the Practice of Dr Niel van Wyk Incorporated which are available without a person having to request access in terms of this Act [Sect 51(1)(b)(ii)].

1. Inspection in terms of legislation other than this Act	None
2. Purchase or copying from us	None
3. From us free of charge	Health related brochures, information leaflets

**B.3. A description of the Records of the Practice Dr Niel van Wyk Incorporated which are available in accordance with any other legislation [Sect 51(1)(b)(iii)].**

Records are kept in accordance with the following legislation (this list is not exhaustive):

- (a) Basic Conditions of Employment Act 75 of 1997;
- (b) Bill of Rights (BOR)
- (c) Children's Act 38 of 2005;
- (d) Companies Act 71 of 2008;
- (e) Compensation for Occupational Injuries and Diseases Act 130 of 1993;
- (f) Consumer Protection Act 68 of 2008;
- (g) Credit Agreements Act No. 75 of 1980;
- (h) Cybercrimes Act 19 of 2020;
- (i) Electronic Communications and Transactions Act 25 of 2002;
- (j) Employment Equity Act 55 of 1998;
- (k) Hazardous Substances Act 15 of 1973;
- (l) Health Professions Act 56 of 1974;
- (m) Income Tax Act 58 of 1962;
- (n) Labour Relations Act 66 of 1995;
- (o) Medical Schemes Act 131 of 1998;
- (p) Medicines and Related Substances Act 101 of 1965;
- (q) Mental Health Care Act 17 of 2002;
- (r) National Health Act 61 of 2003;
- (s) Nursing Act 33 of 2005;
- (t) Occupational Health and Safety Act 85 of 1993;
- (u) Promotion of Access to Information Act 2 of 2000;
- (v) Protection of Personal Information Act 4 of 2013;
- (w) Regulation of Interception of Communications and Provision of Communication Act 70 of 2002
- (x) Road Accident Fund Act 56 of 1996;
- (y) Short Term Insurance Act No. 53 of 1998;
- (z) Skills Development Levies Act 9 of 1999;
- (aa) Skills Development Act 97 of 1998;
- (bb) Unemployment Contributions Act 4 of 2002;
- (cc) Unemployment Insurance Act 63 of 2001; and
- (dd) Value Added Tax Act 89 of 1991.



**B.4. Sufficient detail to facilitate a request for access to a Record of the Body, a description of the subjects on which the Body holds Records and the categories of Records held on each subject [Sect 51(1)(b)(iv)]**

These Practices hold the following categories of Records:

Categories of Records	Document Type
Records relating to the form of practice and related matters	Documents pertaining to a personal liability Company as required by the Companies Act 71 of 2008, including, but not limited to the prescribed Certificates, Memorandum of Incorporation, Forms and Registers of Directors and Shareholders, Company Rules, Minute Books, Resolutions, and Shareholders Agreements; Practice Code Number and related Records
Records relating to the registration of Practitioners working at the Practice	Registration Certificates at the HPCSA and related documents; Proof of Payment of Registration and Annual Fees to the HPCSA
Employment records	Employment Contracts; Conditions of employment and workplace policies such as Leave Policies; Employment Equity and Skills Development Plans and Reports; Salary and Wage Register; Performance Management Records; Documents related to disciplinary proceedings, Arbitration Awards, CCMA (Commission for Conciliation, Mediation and Arbitration) and other legal cases; Expense Accounts; Relevant Tax Records and information pertaining to employees; <i>Locum</i> Contracts and related documents and records; Contracted Staff Lists
Pension / Retirement Fund and Medical Scheme Records	Pension/Retirement Fund and Medical Scheme Rules; Records relevant to Pension/Retirement Fund and Medical Scheme Members, including payment of contributions
Financial Records	Annual Financial Statements, including Directors' Reports; Auditor's Reports; Accounting Records; Bank Statements; Invoices, Statements, Receipts, and related documents
Tax and VAT Records	Copies of Tax Returns and documents relating to Income Tax and VAT, including payments made and VAT Registration
Patient Records	Records are kept in respect of all patients consulted at the Practice, which include their medical history, treatment, & relevant financial arrangements
Health and Safety Records	Evacuation Plan; Information related to the Health and Safety Committee / Officer; Health and Safety Incident Reports
Records related to Property (movable and immovable)	Finance and Lease Agreements; Asset Register; Title Deeds; Mortgage Bonds; Debenture Register; Registers and Records kept in terms of the Medicines and Related Substances Act 101 of 1965; Stock Sheets; Delivery Notes and Orders; Sale Agreements; Purchase Agreements
Other Agreements	Managed Care and Medical Scheme Agreements; Information Technology (IT) Agreements (software and hardware); Agreements concerning provision of services or materials and clinical trials; Agreements with Contractors and Suppliers

Records relating to Legal Processes	Complaints, Pleadings, Briefs, and other documents pertaining to any actual, pending or threatened litigation, arbitration or investigation; Settlement Agreements; Legal opinions/advice
Insurance Records	Insurance Policies, including professional indemnity Insurance Policies and related records; Claims Records

## **PART C: Processing Operations insofar the POPI Act concerned**

### **C.1. The purpose of the processing [Sect 51(1)(c)(i)]**

1. The Health Care Professionals who provide you with care, maintain Records about your health and any treatment, or care you have received previously. These Records help to provide you with the best possible healthcare.
2. Our Health Records may be electronic, on paper or a mixture of both, and we use a combination of working practices and technology to ensure that your information is kept confidential and secure. Records which the Practice hold about you may include the following information:
  - a) Details about you, such as your address, Referring Doctor, emergency contact details.
  - b) Any contact the Practice has had with you, such as appointments, Practice visits, emergency appointments, etc.
  - c) Notes and Reports about your health.
  - d) Details about your treatment and care.
  - e) Results of investigations such as Laboratory Tests, X-rays etc.
  - f) Relevant information from other Health Professionals, Relatives or those who care for you.
3. Other purposes for retaining Records may include [see paragraph 3.1 of the HPCA's Booklet 9: Guidelines on the Keeping of Health Records]:
  - a) Further the diagnosis or ongoing clinical management of the Patient;
  - b) Conduct clinical audits;
  - c) Promote teaching and research;
  - d) Be used for administrative or other purposes;
  - e) Be kept as direct evidence in litigation or for occupational disease or injury compensation purposes;
  - f) Be used as research data;
  - g) Be kept for historical purposes;
  - h) Promote good clinical and laboratory practices;
  - i) Make case reviews possible;
  - j) Serve as the basis for accreditation.

### **C.2. A description of the categories of data subjects and of the information or categories of information relating thereto [Sect 51(1)(c)(ii)]**

- a. These Practices hold the categories of Records and personal information in respect of the categories of data subjects specified below.
- b. The potential Recipients of the personal information processed by the Practice are also specified.
- c. Information and Records are only disclosed as may be necessary in the circumstances and authorised in terms of the law or otherwise with the consent of the relevant data subjects.

DATA SUBJECTS	CATEGORIES OF RECORDS	CATEGORIES OF PERSONAL INFORMATION	POTENTIAL RECIPIENTS OF THE PERSONAL INFORMATION
Directors, Shareholders and Employees	Proof of registration at and payment of fees to the HPCSA; Employment / <i>Locum</i> Contracts, Records and Policies; Insurance Policies; Complaints; Disciplinary and Court Proceedings; Employment Equity and Skills Development Plans and Records; Salary and Payroll Records; Leave Records; Tax Records, including PAYE, UIF (Unemployment Insurance Fund) and SDL (Skills Development Levies) returns and related Records; Correspondence with the HPCSA, Insurers and other Persons / Bodies; Medical Certificates; Continuing Professional Development (CPD) / Training Events, Certificates and Records	Names and Surnames; Contact details e.g. address, telephone and fax numbers, E-mail addresses; Identity numbers / dates of birth; Race; Gender; Nationality; Qualifications; HPCSA Registration Numbers; Registered Profession; Category of Registration; Employment History and Information; Position held; Banking details; Relevant Medical History; Criminal behaviour and history; Correspondence; Notes, Reports and Records created by these data subjects in respect of patients; Tax numbers, Returns and Certificates; Leave Periods; Medical Certificates; Remuneration; Employment benefits; Absenteeism information; Next-of-kin details	SA Revenue Services (SARS); Relevant Statutory Bodies such as the HPCSA and Council for Medical Schemes (CMS); Board of Healthcare Funders of SA (BHF); Companies and Intellectual Property Commission (CIPC); Medical schemes; Contractors and Vendors; Patients; Relevant Public Bodies, including Government Departments, e.g., Compensation Commissioner, Road Accident Fund (RAF), UIF, Department of Labour; Banks; Professional Societies; Vetting Agencies (e.g., of qualifications); Hospitals
Other Contractors, Vendors and Suppliers, e.g., BHF, IT Vendors, Claims switching Companies, Auditors, Legal Counsel, Consultants, Debt Collectors	Agreements with Contractors, Vendors and Suppliers; Non-Disclosure Agreements; Debt Collection Agreements; Legal opinions and advice; Invoices; Correspondence	Names and Surnames; Company Names; Relevant Staff details; Contact details e.g., address, telephone and fax numbers, e-mail addresses, website addresses; Opinions; Correspondence; Track Records; Price Structures; Financial Arrangements	Banks; Auditors; Legal Practitioners; Medical Schemes

Insurers	Insurance Policies; Payment of premiums; Claims Records and related documents	Names and contact details e.g., addresses, telephone and fax numbers, e-mail addresses; Premiums	Auditors; Legal Practitioners; Relevant Public Bodies
Patients	Patient Records, including Medical Records, Financial Arrangements, Invoices, Payment Records and Correspondence	Names and surnames; Contact details e.g. address, telephone and fax numbers, e-mail addresses; Identity numbers / dates of birth; Race; Gender; Nationality; Employers and their contact details; Medical Schemes, Medical Scheme Options and dependent status; Name, Surname and contact details of a relative / friend; Medical History, including details about injuries sustained; Fees charged, payments received and payment history; Diagnosis / suspected diagnosis; Procedures performed; Diagnosis and Procedure Codes; Radiological images (X-rays, scans and sonars) and Reports; Referral Notes; Complaints lodged; Correspondence; Patient Information Forms; Consent Forms; Prescriptions; Medical Certificates	Medical Schemes; Medical Scheme Administrators; Managed Care Organisations; Insurers; Employers; Debt Collectors; Practitioners to whom patients are referred; Credit Lists (Blacklists); Bodies performing peer review; Statutory / Governmental Bodies e.g., HPCSA when responding to complaints, Compensation Commissioner, RAF; Hospitals; Other relevant treating Health Care Practitioners; Next-of-kin
Practitioners referring patients to the Practice	Referral notes; Correspondence	Names and Surnames; Contact details e.g., address, telephone and fax numbers, e-mail addresses and Practice Code Numbers of Practitioners	Medical Schemes; Managed care Organisations; Governmental Bodies e.g., HPCSA when responding to complaints, Compensation Commissioner, RAF; Hospitals; Bodies performing peer review

Medical Schemes / Insurance Companies	Claims; Remittance Advices; Contracts; Correspondence; Scheme Rules; Policy Provisions	Contact details e.g., addresses, telephone and fax numbers, e-mail addresses	Patients; Debt Collectors
Hospitals	Correspondence	Names: Contact details e.g., addresses, telephone and fax numbers, e-mail addresses and Practice Code Numbers of Hospitals	Medical Schemes; Statutory / Governmental Bodies e.g., HPCSA when responding to complaints
Public Bodies (e.g., Department of Health, RAF, Compensation Commissioner, UIF) and Statutory Bodies (e.g., HPCSA, CMS)	Complaints submitted to Statutory Bodies and related documents; Correspondence; Newsletters and circulars issued by these Bodies and Councils; Payment of Fees	Names: Contact details e.g., addresses, telephone and fax numbers, e-mail addresses; Office Bearers; Fee Structures	Medical Schemes; Patients

**C.3. The recipients or categories of recipients to whom the personal information may be supplied [Sect 51(1)(c)(iii)]**

These Practices are not planning to send any personal information about any data subject across the borders of the Republic of South Africa to Third Parties in Foreign Countries. Should this be required, patient consent will be obtained, where possible, and transfers of such information will occur in accordance with the requirements of the law.

**C.4. Planned transborder flows of personal information [Sect 51(1)(c)(iv)]**

Personal information of data subjects may be transferred across borders due to the hosting of some Dr Niel van Wyk Incorporated infrastructure and application in foreign jurisdictions. Current employees and consultants' information may also be transferred transborder where Dr Niel van Wyk Incorporated has a physical presence or may be providing services or performing in terms of its contractual obligations.

**C.5. A general description allowing a preliminary assessment of the suitability of the information security measures to be implemented by the Responsible Party to ensure the confidentiality, integrity and availability of the information which is to be processed. [Sect 51(1)(c)(v)].**

- a. These Practices take the privacy of persons seriously and is therefore committed to ensuring that personal information in its possession or under its control is secure.

- b. To prevent unauthorised access or disclosure of information, appropriate physical, electronic and managerial procedures have been implemented to safeguard and secure the information. For example, access to information is controlled and only persons requiring the information for the treatment, care and invoicing of patients as well as the administration of these Practices have access to the information.
- c. Access to electronic Records is password controlled.
- d. A Privacy Policy has been implemented to ensure that personal information is processed and stored strictly in accordance with the law and all persons who have access to that information are aware of their responsibilities.
- e. Records are maintained in a structured filing system for as long as it is necessary in accordance with the relevant laws.
- f. A risk assessment of the organisational and technical processes and procedures is conducted on a regular basis to ensure continuous monitoring and enhancement of security measures in the Practice.
- g. Practitioners, other staff, and contractors are required to adhere to the strict Policies and Processes implemented by the Practice and are subject to sanctions for any security breach.
- h. All security breaches are taken seriously and are addressed in accordance with the law.

## **PART D: Procedure for making a request under PAIA.**

### **D.1. How can I make a request to Dr Niel van Wyk Incorporated under PAIA?**

D.1.1. To facilitate a timely response to requests for access, all requesters should take note of the following when completing the Access Request Form:

D.1.2. To facilitate the processing of your request, kindly:

1. Complete the Request Form, which is embedded in Part E of this Manual, also available on the website of the SOUTH AFRICAN HUMAN RIGHTS COMMISSION at [www.sahrc.org.za](http://www.sahrc.org.za) (copy attached hereto as an example)
2. Address your request to the Head of this Practices.
3. Provide sufficient details to enable us 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) The postal address or fax number of the Requester in the Republic;
  - (e) If the Requester wishes to be informed of the decision in any manner (in addition to written) the manner and particulars thereof;
  - (f) 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.
  - (g) **Payment of Fees:**

Pay the applicable Request Fee described in Section D.4 below. Payment can be made via:

    - i. bank guaranteed cheque or postal order (written to Dr Niel van Wyk Incorporated); or
    - ii. EFT (direct bank transfer). If you wish to pay the applicable Request Fee via EFT, you will need to send the proof of payment together with your request. You can obtain the details required for EFT by contacting Dr Niel van Wyk Incorporated (see Section A.5 above for contact details).
    - iii. Unfortunately, Dr Niel van Wyk Incorporated cannot accept payment via credit card or debit card.
    - iv. This fee is not applicable to Personal Requesters, referring to any person seeking access to records that contain their personal information.
    - v. The completed Access Request Form together with a copy of the identity document must be submitted either via conventional mail, e-mail or fax and must be addressed to the contact person as indicated above.



## **D.2. How will my PAIA request be processed by Dr Niel van Wyk Incorporated?**

- D.2.1. Dr Niel van Wyk Incorporated will process your request when the completed Request Form is received, and any applicable Request Fee is paid. Subject to Section D.2.2. below, your request will normally be processed within 30 days of receipt of the completed Request Form, provided that all of the required details are properly set out in the completed Request Form.
- D.2.2. If it turns out that it will take more than 30 days to process your request (e.g., due to the volume of Records/personal information that must be processed, or difficulty in accessing the relevant Record/personal information), Dr Niel van Wyk Incorporated may extend the aforementioned 30-day period in processing your request. Should this become necessary, Dr Niel van Wyk Incorporated will notify you.
- D.2.3. Once a decision on your request is reached, Dr Niel van Wyk Incorporated will notify you in writing.  
Where Dr Niel van Wyk Incorporated decides to:
- a. grant access to the Record/personal information requested, Dr Niel van Wyk Incorporated will notify you how the access will be granted and what Access Fees are payable and release the requested Record/personal information upon receipt of the applicable Access Fee.
  - b. deny access to the Record/personal information requested; Dr Niel van Wyk Incorporated will notify you of the reasons why access is denied.
  - c. complies with your request to correct or delete your personal information, confirm how your request has been or will be actioned; and
  - d. denies your request to correct or delete your personal information, confirm why your request has been denied.
- D.2.4. Where your request was a request for confirmation as to whether or not Dr Niel van Wyk Incorporated handles your personal information (i.e., you make a request under POPI s23(1)(a)), Dr Niel van Wyk Incorporated gives you the confirmation.

## **D.3. What if I am not happy about how Dr Niel van Wyk Incorporated handled my PAIA/POPI request?**

- D.3.1. If you are not satisfied about the way in which your request was handled by Dr Niel van Wyk Incorporated (including where you are not happy about the Access Fee charged by Dr Niel van Wyk Incorporated or the length of time Dr Niel van Wyk Incorporated is taking to process your request), you can make an application for relief to the Constitutional Court, the High Court or another Court of similar status.
- D.3.2. Please note that if you wish to make an application to the Court, you will need to do so within 180 days of receiving the relevant decision made by Dr Niel van Wyk Incorporated.

#### D.4. What are the charges applicable to my PAIA/POPI request?

D.4.1. There are two types of fees which are payable under PAIA, namely Request Fee, and Access Fee.

##### D.4.2. Request Fee

Request Fee is payable upon making a request to access Records/personal information, and it is **R140.00** (inclusive of VAT) for each request. You do not have to pay a Request Fee if:

- a. You are a private individual requesting access to your own Records/personal information;
- b. You are single and earning less than R14,812 p/a; or
- c. You are married (or in a life partnership), and earning less than R27,192 p/a.

D.4.3. **Access Fee** **Access Fee** is payable in respect of Records/personal information which are produced in response to your request. Access Fee is payable by everyone who makes a request.

The rate of Access Fees are as follows:

Type of activity involved in producing the record or personal information	Rate (Excl. VAT)
The Request Fee payable by every Requester	R140.00
Photocopy/printed black & white copy of A4-size page	R2.00 per page or part thereof
Printed copy of A4-size page	R2.00 per page or part thereof
For a copy in a computer-readable form on: Flash drive (to be provided by Requester) Compact disc (if provided <b>by</b> Requester) Compact disc (if provided <b>to</b> the Requester)	R40.00 R40.00 R60.00
For a transcription of visual images, for an A4-size page or part thereof  Copy of visual images.	Services to be outsourced. Will depend on quotation from the Service Provider.

Type of activity involved in producing the record or personal information	Rate (Excl. VAT)
Transcription of an Audio Record, per A4-size page or part thereof	R24.00
Copy of an Audio Record on:	
Flash drive (to be provided by Requester)	R40.00
Compact disc (if provided <b>by</b> Requester)	R40.00
Compact disc (if provide <b>to</b> the Requester)	R60.00
To search for and prepare the Record for disclosure, for each hour or part of an hour, excluding the first hour, reasonable required for such search and preparation.	R145.00
To not exceed a total cost of:	R435.00
Deposit: if search exceeds 6 hours	One third of amount per Request calculated in terms of items 2 tot 8
Postage, e-mail, or any other electronic transfer	Actual expense if any

D.4.4. Please note that:

- a. where Request Fee is payable, your request will not be processed until you pay the Request Fee;
- b. where Access Fee is payable, the Record/personal information you requested will not be released until the Access Fee is paid; and

D.4.5. Please also note that if you are not a private individual and if the search for and preparation of the Record requested is in Dr Niel van Wyk Incorporated's view likely to require more than 6 hours of work, Dr Niel van Wyk Incorporated reserves the right to require you to pay 1/3<sup>rd</sup> of the Access Fee up front as a deposit.

# FORM 02

## REQUEST FOR ACCESS TO RECORD

[Regulation 7]

**NOTE:**

1. Proof of identity must be attached by the requester.
2. If requests are 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 are made <i>(if applicable)</i> :			
Identity Number			
Postal Address			

Street Address			
E-mail Address			
Contact Numbers	Tel. (B)		Facsimile
	Cellular		

**PARTICULARS OF RECORD REQUESTED**

*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.)*

Description of record or relevant part of the record:	

Reference number, if available	
--------------------------------	--

Any further particulars of record	

**TYPE OF RECORD**  
*(Mark the applicable box with an "X")*

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:	

**FEES**

- a) *A request fee must be paid before the request will be considered.*
- b) *You will be notified of the amount of the access fee to be paid.*
- 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	

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</i>	
Date received:	
Access fees:	
Deposit (if any):	

\_\_\_\_\_  
**Signature of Information Officer**

**FORM 03**  
**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: ( <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			
• 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

**E.3. Objection to the Processing of Personal Information in terms of Section 11(3) of the Protection of Personal Information Act, 2013 (Act No. 4 of 2013)**

**Form 1  
Objection to the Processing of Personal Information in terms of Section 11(3) of the  
Protection of Personal Information Act, 2013 (ACT NO.  
4 OF 2013)**

**REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018  
[Regulation 2]**

*Note:*

1. *Affidavits or other documentary evidence as applicable in support of the objection may be attached.*
2. *If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.*
3. *Complete as is applicable.*

A	DETAILS OF DATA SUBJECT
Name(s) and surname/ registered name of data	
Unique Identifier/ Identity Number	
Residential, postal or business address:	
	Code (    )
Contact number(s):	
Fax number/E-mail address:	
B	DETAILS OF RESPONSIBLE PARTY
Name(s) and surname/ Registered name of responsible party:	
Residential, postal or business address:	
	Code (    )



**E.4. Request for Correction or Deletion of Personal Information or Destroying or Deletion of Record of Personal Information**

in terms of Section 24(1) of the Protection of Personal Information Act, 2013 (Act No. 4 of 2013)

**FORM 2**

**Request for Correction or Deletion of Personal Information or Destroying or Deletion of Record of Personal Information INTERMS OF SECTION 24(1) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)**

**REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018**  
[Regulation 3]

*Note:*

1. *Affidavits or other documentary evidence as applicable in support of the request may be attached.*
2. *If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.*
3. *Complete as is applicable.*

Mark the appropriate box with an "x".

**Request for:**

Correction or deletion of the personal information about the data subject which is in possession or under the control of the responsible party.

Destroying or deletion of a record of personal information about the data subject which is in possession or under the control of the responsible party and who is no longer authorised to retain the record of information.

A	DETAILS OF THE DATA SUBJECT
Name(s) and surname / registered name of data subject:	
Unique identifier/ Identity Number:	
Residential, postal or business address:	
	Code (    )

Contact number(s):	
Fax number/E-mail address:	
<b>B</b>	<b>DETAILS OF RESPONSIBLE PARTY</b>
Name(s) and surname/ registered name of responsible	
Residential, postal or business address:	
	Code (      )
Contact number(s):	
Fax number/ E-mail address:	
<b>C</b>	<b>INFORMATION TO BE CORRECTED/DELETED/ DESTROYED/ DESTROYED</b>
<b>D</b>	<b>REASONS FOR *CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24(1)(a) WHICH IS IN POSSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY; and or</b> <b>REASONS FOR *DESTRUCTION OR DELETION OF A RECORD OF PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24(1)(b) WHICH THE RESPONSIBLE PARTY IS NO LONGER AUTHORISED TO RETAIN.</b> <i>(Please provide detailed reasons for the request)</i>
Signed at ..... this ..... day of 20...	
Signature of data subject/ designated person	