

Undercover Insurance Brokers (Pty) Ltd

Director: Mr. W.L. Jorgensen

Registration Number of Company: 2008/0287/62/07

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

Undercover 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 1896 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 (Section 51 (1) (a))

Persons designated/duly authorised persons:

Directors: Mr. Wayne Louis Jorgensen (Managing)

CEO: Mr. Wayne Louis Jorgensen

Postal Address: P.O. Box 8906160, Lyndhurst, 2106

Street Address: 28 Lucas Lane, Bedfordview

Telephone Number: 011 450 1414

Fax Number: 011 450 1443

Email: wayne@undercover.co.za

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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

4. APPLICABLE LEGISLATION

<u>No</u>	<u>Ref</u>	<u>Act</u>
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
		Financial Intelligence Centre 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		Protection of Personal Information Act
13	No 30 of 1996	Unemployment Insurance Act
14	No 9 of 2017	Financial Sector Regulation Act
15	No 18 of 2017	Insurance Act
16	No 53 of 1998	Short Term Insurance Act
17	No 4 of 2013	Protection of Personal Information Act

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5. Schedule of Records

Records Company Records	Subject °	Registrations and statutory authorisations	Availability To be requested according to PAIA request procedureif not available on the Authorities public website.
Records relating to operational aspects of the business		Financial records Operational records Regulatory Correspondence Statutory records Internal correspondence Statutory policies and procedures Internal policies and procedures Records of contractual agreements between (Pty) Ltd and third parties Asset register Minutes of meetings	To be requested according to PAIA request procedure as et out in this manual
Client Records	o Tra	ent data ansaction records immunication and correspondence cords	To be requested according to PAIA request procedure as set out in this manual
Employee records	o Co	nployment Records Immunications aining and Competence registers	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. (also attached as Annexure B)
- **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 Annexure A)

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.

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Forms 02 – Request for Access to Record

Form 03 – Outcome of request of fees payable

Follow on the next page

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	
(Addre	s)	
E-mail address:		
Fax number:		
Mark with an "X"		
Request is made	e in my own name Request is made on behalf of another person	١.
	PERSONAL INFORMATION	
Full Names		
Identity Number		
Capacity in which request is made		
(when made on behalf		
of another person) Postal Address		
Street Address		
E-mail Address		
Contact Numbers	Tel. (B): Facsimile:	
Contact Numbers	Cellular:	
Full names of person on whose behalf		
request is made (if		
applicable):		
Identity Number		
Postal Address		

Street Address					
E-mail Address					
Contact Numbers	Tel. (B)		Facsimile		
	Cellular		1		
	PAR	TICULARS OF RECORD REC	QUESTED		
that is known to you, to	enable th	ord to which access is requence record to be located. (If the attach it to this form. All addition	e provided sp	pace is inadequa	
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 p	rinted form)			
Record comprises virt computer-generated im		s (this includes photographs ches, etc)	s, slides, vid	deo recordings,	
Record consists of reco	rded words	s or information which can be	reproduced in	n sound	
Record is held on a con	nputer or in	n an electronic, or machine-rea	adable form		

FORM OF ACCESS	
(Mark the applicable box with an " X ")	
Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)	
Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)	
Transcription of soundtrack (written or printed document)	
Copy of record on flash drive (including virtual images and soundtracks)	
Copy of record on compact disc drive(including virtual images and soundtracks)	
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 (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)	
Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed format (including transcriptions)	
E-mail of information (including soundtracks if possible)	
Cloud share/file transfer	
Preferred language (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)	
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 Formula requester must sign all the additional pages.	orm. The
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:			
	FE	ES	
	st be paid before the requ		ed.
	ed of the amount of the acc		Link and the second and
	for access to a record dep me required to search for a		which access is required and
			tate the reason for exemption
Reason		,	,
You will be notified in writ costs relating to your reque		your preferred man	•
Postal address	Facsimile		onic communication Please specify)
		,	• • •
Signed at	this	day of	20
Signature of Requester	/ person on whose beha	lf request is made	
	FOR OF	FICIAL USE	
Reference number:			
5 , , , ,			
Request received by:			
(State Rank, Name			
(State Rank, Name Surname of Information (
(State Rank, Name			
(State Rank, Name Surname of Information (
(State Rank, Name Surname of Information (Date received:			

Signature of Information Officer

FORM 3 OUTCOME OF REQUEST AND OF FEES PAYABLE

[Regulation 8]

Note:

- 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. You requested: Personal inspection of information at registered address of public/private body (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) 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 You requested: Printed copies of the information (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form) Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc) Transcription of soundtrack (written or printed document) Copy of information on flash drive (including virtual images and soundtracks) Copy of information on compact disc drive (including virtual images and soundtracks) Copy of record saved on cloud storage server 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 (including transcriptions) E-mail of information (including soundtracks if possible) Cloud share/file transfer Preferred language: (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) Kindly note that your request has been: Approved Denied, for the following reasons:

4.	Fees payable with regards t	,	Cost per A4-size page or part	Number of pages/items	Tota
			thereof/item	. 0	
Photo					
	ed copy				
(i)	copy in a computer-readable for Flash drive		D40.00		
(ii)	To be provided by requestor Compact disc		R40.00		
	 If provided by requestor If provided to the request		R60.00		
	transcription of visual images p	er A4-size	Service to be		
page			outsourced. Will		
Conv	of vioual images		depend on the		
Сору	of visual images		quotation of the service provider		
Trans	cription of an audio record, per	A4-size	R24.00		
Сору	of an audio record				
(i)	Flash drive				
•	To be provided by requestor		R40.00		
(ii)	Compact disc				
•	If provided by requestor		R40.00		
Posto	If provided to the requestor	nio.	R60. 00		
transf	ge, e-mail or any other electror	IIC	Actual costs		
TOTA				l	
5.	Deposit payable (if search e	xceeds six	hours):		
	Yes			No No	
Hours			nt of deposit lated on one third of tot	al amount ner	
searcl	h	reques		ar arribarit por	
Γhe an	nount must be paid into the follo	owing Bank	account:		
	of Bank:				
	of account holder:				
	f account:				
	nt number:				
	Code: nce Nr:				
	proof of payment to:				
Signed		is	day of	20	
NYY	orgensen				
nforma	ation officer				