
PROMOTION OF ACCESS TO INFORMATION ACT NO 2 OF 2000 (PAIA)

MANUAL [PAIA SECTION 51]

1. COMPANY DETAILS

- 1.1 This Manual applies to the **LOCAL CHOICE GROUP OF COMPANIES**, consisting of:
The Local Choice (PTY) LTD
- 1.2 Postal Address: PO Box 186, Delmas, 2210
- 1.3 Business Address: Cnr 4th Street and, 2nd Ave, Delmas, 2210, Mpumalanga, South Africa
- 1.4 Telephone: 013 665 1698
- 1.5 E-mail: hello@thelocalchoice.net
- 1.6 Website: www.thelocalchoice.co.za

2. PURPOSE OF THIS MANUAL

The Promotion of Access to Information Act 2000 (PAIA) confirms the right to access of information. PAIA Section 51 states that private bodies should allow a person to be able to obtain access of information which are held by the private body. The Protection of Personal Information Act 2013 (POPIA) states that information may be requested by a data subject to determine the information the Company holds regarding the data subject. This manual provides the details to request such information.

This PAIA Manual is available on the Company's website www.thelocalchoice.co.za.

3. RECORDS

Copies of records held in accordance with the requirements of the following legislation (if and where applicable to our business) are available on request:

- i Arbitration Act
- ii Basic Conditions of Employment Act
- iii Companies Act
- iv Compensation for Occupational Injuries and Health Diseases Act
- v Copyright Act
- vi Currency and Exchanges Act
- vii Customs and Excise Act
- viii Electronic Communications and Transactions Act
- ix Employment Equity Act

x	Finance Act
xi	Financial Relations Act
xii	Income Tax Act
xiii	Insolvency Act
xiv	Insurance Act
xv	Labour Relations Act
xvi	Liquor Act
xvii	Long Term Insurance Act
xviii	Medicines and Related Substances Act
xix	National Credit Act
xx	National Health Act
xxi	Occupational Health & Safety Act
xxii	The Pharmacy Act
xxiii	Regulations and Rules under the Pharmacy Act
xxiv	Pension Funds Act
xxv	Regional Services Councils Act
xxvi	Rules Relating to Good Pharmacy Practice (GPP)
xxvii	South African Revenue Services Act
xxviii	Short Term Insurance Act
xxix	Skills Development Levies Act
xxx	Skills Development Act
xxxi	Trade Marks Act
xxxii	The Constitution of the Republic of South Africa
xxxiii	Unemployment Contributions Act
xxxiv	Unemployment Insurance Act
xxxv	Value Added Tax Act and
xxxvi	Any amendments or substitutions to the legislation mentioned above
xxxvii	Any other legislation which may be applicable regarding the business operations

4. REQUEST TO ACCESS INFORMATION

- 4.1 Any request regarding access to records in terms of PAIA, should be made as follows:
As per attached request Form C, in **Annexure A**, to be completed in writing and addressed to:
THE LOCAL CHOICE - The Information Officer
Address: PO Box 186, Delmas, 2210
E-mail: jaco@thelocalchoice.net
Tel: 013 665 1698
- 4.2 The requester may act in the following capacity/ies:
i) Request information about itself (being the data subject); or ii) request information as an authorised representative on behalf of another data subject; or iii) being a third party requesting information about another data subject; or iv) a public body requesting information which relates to public interest.
- 4.3 The requester must submit proof of the capacity in which the request is being made. The requester must identify the right that he or she is seeking to exercise or protect and provide an explanation of why the requested record is required for the exercise or protection of such right. The requester must provide sufficient detail on the request form to enable the Company to process the request. The requester should also indicate what form of access is required.

4.4 The Company shall upon receipt of the request, evaluate same and make a decision in accordance with the provisions of PAIA and POPIA, on whether to grant the request or not and notify the requester of the decision.

4.5 Any access to records to be provided by the Company, shall be subject to the prescribed fee(s) as determined by PAIA Regulations, payable by the requester (if any), before processing the request.

5. CATEGORIES OF RECORDS

The following categories of records are held by the Company:

- 5.1 Business Registration records
- 5.2 Communication and Marketing records
- 5.3 Financial and Accounting records
- 5.4 Franchise records
- 5.5 Health and Safety records
- 5.6 Human Resource records
- 5.7 Information Technology records
- 5.8 Training and Development records
- 5/9 Pharmaceutical records

6. GOVERNING AUTHORITIES

6.1 **South African Human Rights Commission:**

Enquiries regarding the PAIA guide may be directed to the South African Human Rights Commission

Postal address: Private Bag 2700, Houghton, 2041

Telephone: (011) 484-8300

Website: www.sahrc.org.za, E-mail: paia@sahrc.org.za

6.2 **The South African Information Regulator:**

The South African Information Regulator has been established to monitor and enforce compliance by public bodies in terms of the provisions of POPIA. Enquiries and complaints regarding the protection of personal information may be directed to the Information Regulator.

Address: JD House, 27 Stiemens Street, Braamfontein, Johannesburg, 2017

Website: www.justice.gov.za/inforeg

Complaints: complaints.IR@justice.gov.za, Enquiries: inforeg@justice.gov.za

ANNEXURE A - 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 LOCAL CHOICE GROUP (PTY) LTD

Attention: The Information Officer

B. PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD:

Full names and surname:

Identity number:

Address:

Telephone number:

E-mail address:

Capacity in which request is made:

[Proof of the capacity in which the request is made, if applicable, must be attached]

If request is made on behalf of another person, details on behalf of whom person is acting:

Full names and surname and ID number:.....

C. PARTICULARS OF RECORDS:

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

D. FEES

1. 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.
2. You will be notified of the amount required to be paid as the request fee.
3. 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.
4. If you qualify for exemption of the payment of any fee, please state the reason for exemption:

E. 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 hereunder, state your disability and indicate in which form the record is required.

Disability:	Form in which record is required:
<p>Mark the appropriate box with an X. NOTES: (a) Compliance with your request in the specified form may depend on the form in which the records is available. (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. (c) The fee payable for access to 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)	<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 computer derived from the record*
<input type="checkbox"/>		<input type="checkbox"/>	copy in readable form*
*If you requested a copy or transcription of a record (above), do you wish the transcription to be posted to you? Postage is payable.			<input type="checkbox"/> YES <input type="checkbox"/> NO

F. PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

1. 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.
2. Indicate which right is to be exercised or protected.
3. Explain why the record requested is required for the exercise or protection of the aforementioned right.

G. NOTIFICATION

The requester will be notified in writing whether the request has been approved/denied. Please specify the manner and provide the necessary particulars to enable compliance with your request.

Signed at _____ this _____ day of _____ 20____

SIGNATURE OF REQUESTER