

EduLution Learning South Africa (NPC)

(Registration Number : 2020/674027/08)

**Registered office address : 44 Constantia Road, Wynberg, Cape
Town, 7800**

PAIA & POPIA Manual

This manual was prepared in accordance with Section 51 of the Promotion of Access to Information Act ("PAIA"), 2000, and to address requirements of the Protection of Personal Information Act, 2013 ("POPIA")

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 A logo consisting of a blue square with rounded corners. Inside the square, the letters 'DS' are written in a small font at the top right, and 'mpc' is written in a larger, stylized, handwritten font below it.

1. INTRODUCTION AND NATURE OF THE BUSINESS

1.1 The PAIA gives third parties the right to approach private bodies and the government to request information held by them, which is required in the exercise and/or protection of any rights. On request, the private body or government is obliged to release such information unless the Act expressly states that the records containing such information may or must not be released. This manual informs requestors of procedural and other requirements which a request must meet as prescribed by the Act.

1.2 Nature of the Business

EduLution Learning South Africa conducts business as a non-profit organization and provides educational support, technically based literary, and numeracy support, and related activities.

2. BUSINESS CONTACT DETAILS

Head of business	Michael Paul Clarke
Director/s	Michael Paul Clarke Sandra Anne Mattison Nomsa Dawn Denise Daniels Eileen Wilton (Non-executive director)
Postal address of business	44 Constantia Road, Wynberg, 7800
Physical address of business	44 Constantia Road, Wynberg, 7800
Telephone number of business	083 399 5709
Email address of business	smattison@edulution.org
Website address of business	www.edulution.org
Information officer of business	Sandra Anne Mattison

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3. THE ACT AND SECTION 10 GUIDE TO PAIA

A guide to the Act (as contemplated under Section 10 of the Act) is available from the South African Human Rights Commission (“SAHRC”). The guide contains such information as may reasonably be required by a person who wishes to exercise any right contemplated in the Act.

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.

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 the Act.

Any enquiries regarding this guide and its contents should be directed to:

**The South African Human Rights Commission:
PAIA Unit**

The Research and Documentation Department

Postal address: Private Bag X2700

Houghton

2041

Telephone: +27 11 877 3803 or

Fax: +27 11 403 0625

Website: www.sahrc.org.za

E-mail: PAIA@sahrc.org.za

4. APPLICABLE LEGISLATION

Information is available and records are kept by the business in terms of the following legislation, where applicable, as well as other legislation that may be applicable from time to time:

Basic Conditions of Employment Act No. 75 of 1997

Close Corporation Act No. 69 of 1984

Companies Act No. 61 of 1973

Compensation of Occupational Injuries and Diseases Act No. 130 of 1993

Customs and Excise Act No. 91 of 1964

Electronic Communications and Transactions Act No. 25 of 2002

Employment Equity Act No. 55 of 1998

Income Tax Act No. 58 of 1962

Insolvency Act No. 24 of 1936

Labour Relations Act No. 66 of 1995

Occupational Health and Safety Act No. 85 of 1993

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Patents Act No. 57 of 1978
Promotion of Access to Information Act No. 2 of 2000
Skills Development Levies Act No. 9 of 1999
Tax Administration Act No. 28 of 2011
Trademarks Act No. 194 of 1993
Unemployment Insurance Act No. 63 of 2001
Value – Added Tax Act No. 89 of 1991

5. SCHEDULE OF RECORDS HELD BY THE BUSINESS

The following records are held by the business and are available on request per PAIA – refer Part 6 below for the procedure and forms to make such requests of these records.

Subjects and categories of records held

5.1 STATUTORY RECORDS (where applicable)

- Documents of incorporation
- Minutes of Board of Directors meetings
- Records relating to the appointment of directors/ auditor/ secretary/ public officer and other officers
- Share Register and other statutory registers

5.2 FINANCIAL RECORDS (where applicable)

- Annual financial statements
- Tax returns
- Accounting and bookkeeping records
- Banking records and statements
- Electronic banking records
- Asset register
- Rental agreements
- Invoices

5.3 PAYROLL TAX RECORDS (where applicable)

- PAYE Records
- Documents issued to employees for income tax purposes
- Records of payments made to SARS on behalf of employees
- All other statutory compliances:
 - Skills Development Levies
 - UIF
 - Workmen’s Compensation

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5.4 PERSONNEL RECORDS (where applicable)

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

5.5 OTHER (where applicable)

- Records relating to Customers
- Marketing
- Product and services
- Statistical and research

6. FORM AND PROCEDURE FOR REQUESTING INFORMATION (FORM C)

- The requester must complete Form C (Appendix 1), and submit this, together with a request fee (refer Part 7 below), to the head of the business
- The form must be submitted to the head of the business at the businesses postal address or email address
- The form must :
 - provide sufficient particulars to enable the head of the business to identify the record/s requested and to identify the requester
 - indicate which form of access is required
 - specify a postal address or email address of the requester
 - identify the right that the requester is seeking to exercise or protect, and provide an explanation of why the requested record/s is/are required for the exercise or protection of that right
 - if the request is made on behalf of another person, to submit proof of the capacity in which the requester is making the request, to the reasonable satisfaction of the head of the business

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7. PRESCRIBED FEES WHEN MAKING A REQUEST FOR INFORMATION

- PAIA requires that the requester pay the applicable fees before gaining access to the requested information
- The fee structure is available on the website of the South African Human Rights Commission at www.sahrc.org.za
- Records and/or information shall be withheld until the prescribed fees have been paid

8. PROTECTION OF PERSONAL INFORMATION PROCESSED (POPIA) BY THE BUSINESS (Compliance with the POPIA)

The information officer of the business is responsible for ensuring that all applicable and relevant sections of POPIA are complied with by the business.

8.1 Purpose of processing

The business uses personal information under its care in the following manner:

- Administration
- Rendering services according to contractual agreements
- Staff administration
- Complying with Tax Laws
- Keeping accounts of records

8.2 Categories of data subjects and their personal information

The business may possess records relating to suppliers, shareholders, service providers, staff, vendors, and clients as follows:

Data Subject	Information Processed
Clients – Natural Persons	Names, contact details, postal address, date of birth, ID number, Tax related information, nationality, gender, confidential correspondence
Clients – Juristic Persons / Entities	Names of contact persons, Name of Legal Entity, Physical and Postal address and contact details, Registration Number, Founding documents, Tax related information, authorised signatories
Service Providers	Names of contact persons; Name of Legal Entity, Physical and Postal address and contact details, Registration Number, Founding document, Tax related information, authorised signatories, beneficiaries, ultimate beneficial owners
Vendors	Names of contact persons; Name of Legal Entity, Physical and Postal address and contact details, Registration Number, Founding document, Tax related information, authorised signatories, beneficiaries, ultimate beneficial owners
Employees / Directors	Gender, Pregnancy, Marital Status, Ethnicity, Age, Language, Education information, Financial Information, Employment History, ID number, Physical and Postal address, Contact details, Criminal behaviour, Well-being

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8.3 General description of information security measures

The business employs, where applicable and as far as possible, up to date technology to ensure the confidentiality, integrity, and availability of the personal information under its care. Measures include:

- Firewalls
- Virus protection software and update protocols
- Logical and physical access control
- Secure setup of hardware and software making up the IT infrastructure

8.4 Request for amendment, correction, or erasure of personal data

Section 24 of POPIA and Regulation 3 of the POPIA Regulations provide that a data subject may request for their personal information as held by us to be corrected/deleted.

As a general rule, your request will be handled free of charge. However, if we are to find your request to be manifestly unfounded, excessive, or repetitive, we may charge a reasonable fee based on the administrative cost of providing the information.

Please refer to Appendix 2 and we will get back to you 30 calendar days upon receipt of a fully completed form, proof of identity and other required documents, if applicable.

This manual is available for inspection during office hours at the offices of the business free of charge. Signed copies are available from the SAHRC.

DocuSigned by:

 282E39FF78C9489...

Signed by the head of the business

Name: M P Clarke

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Date :

APPENDIX 1 (FORM C – PAIA)

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 *ONLY* if a request for information is made on behalf of another person.

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:

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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

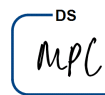
If you are prevented by a disability to read, view or listen to the record in the form of access provided for in 1 to 4 hereunder, state your disability and indicate in which form the record is required.

Disability:	Form in which record is required
Form in which record is required:	
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 record 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 for the record, if any, will be determined partly by the form in which access is requested.	

1. If the record is in written or printed form:					
	copy of record*		inspection of record		
2. If record consists of visual images this includes photographs, slides, video recordings, computer-generated images, sketches, etc)					
	view the images	copy of the images"	transcription of the images*		
3. If record consists of recorded words or information which can be reproduced in sound:					
	listen to the soundtrack audio cassette	transcription of soundtrack* written or printed document			
4. If record is held on computer or in an electronic or machine-readable form:					
	printed copy of record*	printed copy of information derived from the record"	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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;">YES</td> <td style="width: 50%; text-align: center; border: none;">NO</td> </tr> </table>	YES	NO
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.

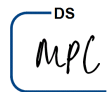
How would you prefer to be informed of the decision regarding your request for access to the record?

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

SIGNATURE OF REQUESTER / PERSON ON
WHOSE BEHALF REQUEST IS MADE

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APPENDIX 2
(Form for requesting amendment, correction or erasure of information – POPIA)

Details of the person requesting Amendment, Correction or Erasure	
Full Name	
Address	
Date of Birth	
E-mail Address	
Phone Number	

Your Role	
<input type="checkbox"/>	I am the data subject
<input type="checkbox"/>	I am not the data subject, though I am acting on behalf of the data subject by virtue of a power of attorney
<input type="checkbox"/>	I am not the data subject, but I am acting on behalf of a data subject as its parent or legal guardian.

Proof of Identity and Authority Submitted	
<input type="checkbox"/>	Driving License
<input type="checkbox"/>	Passport
<input type="checkbox"/>	Identity Document
<input type="checkbox"/>	Power of Attorney
<input type="checkbox"/>	Evidence of parental responsibility or legal guardianship

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Amendment	
<input type="checkbox"/>	I wish to amend my personal data (proof of identity must be provided).
<input type="checkbox"/>	I wish to amend personal data concerning a data subject that I am acting on behalf of (proof of identity of the representative, a power of attorney and proof of identity of the data subject must be provided).
<input type="checkbox"/>	I wish to amend personal data concerning a data subject to whom I am a parent or legal guardian (proof of identity and evidence of parental responsibility or legal guardianship must be provided).
Type of personal data you wish to amend:	
Describe the amendment:	

Correction	
<input type="checkbox"/>	I wish to correct my personal data (proof of identity must be provided).
<input type="checkbox"/>	I wish to correct personal data concerning a data subject that I am acting on behalf of (proof of identity of the representative, a power of attorney and proof of identity of the data subject must be provided).
<input type="checkbox"/>	I wish to correct personal data concerning a data subject to whom I am a parent or legal guardian (proof of identity and evidence of parental responsibility or legal guardianship must be provided).
Type of personal data you wish to correct:	
Describe the correction:	

Erasure	
<input type="checkbox"/>	I wish to erase my personal data (proof of identity must be provided).
<input type="checkbox"/>	I wish to erase personal data concerning a data subject that I am acting on behalf of (proof of identity of the representative, a power of attorney and proof of identity of the data subject must be provided).
<input type="checkbox"/>	I wish to erase personal data concerning a data subject to whom I am a parent or legal guardian (proof of identity and evidence of parental responsibility or legal guardianship must be provided).
Describe the type of personal data you wish to erase:	

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By signing this form, you certify that the information you have provided is correct to the best of your knowledge and that you are the person to whom it relates or that you are legally entitled to act on behalf of such person. You understand that it may be necessary to obtain further information in order to comply with this request.

Signature: _____

Date: _____

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