



WELLNOMICS HEALTH & WELLNESS CONSULTANTS CC

Trading As Wellnomix Workplace Wellness

(CC registration number 2006/046394/23)

***Manual in terms of section 51 of the
Promotion of Access to Information Act, 2 of 2000***

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PROMOTION OF ACCESS TO INFORMATION ACT, 2 OF 2000 **(THE ACT)**

SECTION 51 MANUAL OF WELLNOMICS HEALTH & WELLNESS CONSULTANTS CC

1. CONTACT PARTICULARS

| | | | |
|--------------------------|--|-----------------------------|-----------------------------|
| Head of business: | C Coetzer | Information officer: | C Coetzer |
| Postal address: | PostNet Suite 61 Private Bag X3 Westville. 3630 | Physical address: | 1 Methven Road Westville |
| Telephone number: | 031 262 5838 | Fax number: | 031 262 5839 |
| E-mail address: | clifford@wellnomix.co.za | | |
| Website: | www.wellnomix.co.za | | |

2. INTRODUCTION

The CC provides workplace wellness services

3. GUIDE IN TERMS OF SECTION 10 OF THE ACT

Any person who wishes to exercise any right contemplated in The Act may obtain a copy of the information guide issued by the Human Rights Commission in all official languages, from the Human Rights Commission, contact number (011) 887-3600 or www.sahrc.co.za.

4. FACILITATION OF A REQUEST FOR ACCESS TO INFORMATION

Information which is not readily available as indicated in this Manual, may be requested in accordance with the procedure prescribed in terms of The Act and which is dealt with in detail in Section 8 of this Manual.

5. INFORMATION AVAILABLE IN TERMS OF OTHER LEGISLATION

Information is available in terms of certain provisions of the following legislation:

- 5.1 BASIC CONDITIONS OF EMPLOYMENT ACT 75 OF 1997
- 5.2 COMPANIES ACT 71 OF 2008
- 5.3 CONSUMER PROTECTION ACT 68 OF 2008
- 5.4 INCOME TAX ACT 58 OF 1962
- 5.5 OCCUPATIONAL HEALTH AND SAFETY ACT 85 OF 1993
- 5.6 PROMOTION OF ACCESS TO INFORMATION ACT 2 OF 2000
- 5.7 UNEMPLOYMENT CONTRIBUTIONS ACT 4 OF 2002
- 5.8 UNEMPLOYMENT INSURANCE ACT 63 OF 2001
- 5.9 VALUE ADDED TAX ACT 89 OF 1991

6. INFORMATION AUTOMATICALLY AVAILABLE

There are no categories of records that fall within the scope of this section.

7. INFORMATION AVAILABLE IN TERMS OF THE ACT

The broad categories and specific subjects within which the business holds records are as listed below. Please note that a requester is not automatically allowed access to these records and that such access may or must be refused in accordance with sections 62 to 69 of The Act.

- 7.1 ACCOUNTING RECORDS
 - Annual financial statements and working papers
 - General ledgers
 - Customer and supplier statements and invoices
 - Fixed asset registers
- 7.2 DISTRIBUTION
 - Permits and Licences



- 7.3 LEGAL AGREEMENTS AND CONTRACTS
- Agreements with contractors, suppliers and clients
- 7.4 PERSONNEL
- Employee information records
 - Employee remuneration
 - Employment contracts
 - UIF, SDL and PAYE records
 - Workmen's Compensation documents
- 7.5 STATUTORY COMPANY RECORDS
- Annual Statutory Returns

8. REQUESTING PROCEDURES

A person who requires access to the records must complete Form C which is annexed to this Manual and is also available at the offices of Wellnomics Health & Wellness Consultants CC. This form can also be accessed on www.sahrc.org.za.

The completed Form C must be sent to the address or fax number provided in this Manual, and marked for the attention of the Information Officer.

9. ACCESS FEES

The gazetted scale of fees payable by requesters of information is set out below:

A requester who is making a request in his/her personal capacity is exempted from paying an access fee.

The access fee payable by a requester who is making a request on behalf of another person in terms of section 54(7) of the Act, is as follows:

| | <u>R</u> * |
|--|------------|
| 1. For every photocopy of an A4 size page or part thereof | 1.10 |
| 2. For every printed copy on A4 size page or part thereof held on a computer or in electronic or machine-readable form | 0.75 |
| 3. For a copy in a machine-readable form on: | |
| 3.1 Stiffy disc | 7.50 |
| 3.2 Compact disc | 70.00 |
| 4. For a transcription of visual images: | |
| 4.1 For an A4 size page or part thereof | 40.00 |

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- 4.2 For a copy of visual images 60.00
5. For a transcription of an audio record:
- 5.1 For an A4 sized page or part thereof 20.00
- 5.2 For a copy of an audio record 30.00
6. In addition to the above, a request fee of R 50.00* is payable by a requester, other than a personal requester, in terms of section 54(1) of the Act
7. A search fee of R 30.00* per hour or part thereof may be levied and where such search is likely to take six hours or more, the information Officer is entitled to request that a deposit of one third of the estimated cost be lodged in terms of section 54(2) of the Act
8. * All amounts listed above are exclusive of vat
9. The actual postage cost is payable when a copy of a record is posted to a requester

10. APPEAL AGAINST REFUSAL TO DISCLOSE INFORMATION

In the event that the Information Officer refuses a request for information, the requester shall have a right of appeal in terms of section 75(1) of the Act and must lodge an internal appeal within 60 days and pay an appeal fee of R 50.00 plus vat.

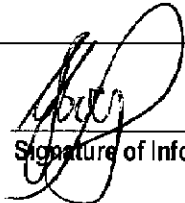
A ruling on the appeal must be provided to the requester within 30 days of lodgment of the appeal.

11. AVAILABILITY OF THE MANUAL

Copies of this Manual are available for inspection, free of charge, at the offices of Wellnomics Health & Wellness Consultants CC or from the South African Human Rights Commission.

12. SIGNATURE OF INFORMATION OFFICER

This Manual is signed and dated by the Information Officer in terms of Section 51 of the Promotion of Access to information Act, 2 of 2000

| | |
|---|--|
| <u>C Coetzer</u> Information Officer |  Signature of Information Officer |
| <u>16/12/2011</u> Date | |



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. |
| (b) | 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. |
|--|

Full names and surname:

Identity number:



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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. 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: | |
| <input type="checkbox"/> copy of record* | <input type="checkbox"/> inspection of record |
| 2. If record consists of visual images | |



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| | | | |
|---|--|--|---|
| 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. | | | YES |
| | | | NO |

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?

WELLNOMICS HEALTH & WELLNESS CONSULTANTS CC

Signed at..... this.....day of20....

SIGNATURE OF REQUESTER / PERSON ON WHOSE BEHALF REQUEST IS MADE

