

MANUAL IN
TERMS OF SECTION 51 OF
THE PROMOTION OF ACCESS
TO INFORMATION ACT (PAIA)

CAROLYN FENWICK
PHYSIOTHERAPISTS INC

1995/001632/21

2/2000

(the "ACT")

CAROLYN FENWICK PHYSIOTHERAPISTS INC

SECTION 51 MANUAL PROMOTION OF ACCESS TO INFORMATION ACT

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Oliver

1. INTRODUCTION

CAROLYN FENWICK PHYSIOTHERAPISTS INC conducts business in physiotherapy.

2. CONTACT DETAILS (SECTION 51 (1) (a))

Head of the body: Ms CAROLYN ROSE MCKENZIE
ID 620125 0057 08 8

Postal address:
21 SHERIDAN ROAD
FARRARMERE
BENONI
1501

Street address:
21 SHERIDAN ROAD
FARRARMERE
BENONI
1501

Telephone number: (011) 849 7726
Fax number: (011) 849 4175
E-mail address: cfenwick@mweb.co.za

3. THE ACT (SECTION 51 (1) (b))

- 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: +27 11 877-3600
Fax: +27 11 403-0625
Website: www.sahrc.org.za

4. APPLICABLE LEGISLATION (SECTION 51 (1) (c))

1. Administration of Estates Act, No. 66 of 1965
2. Arbitration Act No. 42 of 1965
3. Attorneys Act
4. Basic Conditions of Employment No. 75 of 1997
5. Close Corporations Act No. 69 of 1984
6. Companies Act No. 61 of 1973
7. Compensation for Occupational Injuries and Health Diseases Act No.130 of 1993
8. Consumer Affairs (Unfair Business Practices) Act No. 71 of 1988
9. Copyright Act No. 98 of 1978
10. Credit Agreements Act No. 75 of 1980
11. Currency and Exchanges Act No. 9 of 1933
12. Debtor Collectors Act No. 114 of 1998
13. Employment Equity Act No. 55 of 1998
14. Finance Act No. 35 of 2000
15. Financial Services Board Act No. 97 of 1990
16. Financial Relations Act No. 65 of 1976
17. Harmful Business Practices Act No. 23 of 1999
18. Income Tax Act No. 95 of 1967
19. Insolvency Act No. 24 of 1936
20. Insurance Act No 27 of 1943
21. Intellectual Property Laws Amendments Act No. 38 of 1997
22. Labour Relations Act No. 66 of 1995
23. Long Term Insurance Act No. 52 of 1998
24. Medical Schemes Act No. 131 of 1998
25. Occupational Health & Safety Act No. 85 of 1993
26. Pension Funds Act No. 24 of 1956
27. Post Office Act No. 44 of 1958
28. Public Accountants ' and Auditors' Act
29. Regional Services Councils Act No. 109 of 1985
30. SA Reserve Bank Act No. 90 of 1989
31. Short Term Insurance Act No. 53 of 1998
32. Skills Development Levies Act No. 9 of 1999
33. Skills Development Act No. 97 of 1998
34. Stamp Duties Act No. 77 of 1968
35. Stock Exchange Control Act No. 1 of 1985
36. Tax on Retirement Funds Act No. 38 of 1996
37. Trade Marks Act No. 194 of 1993
38. Unemployment Contributions Act No. 4 of 2002
39. Unemployment Insurance Act No. 63 of 2001
40. Usury Act No 73 of 1968
41. Value Added Tax Act No. 89 of 1991

5. SCHEDULE OF RECORDS (SECTION 51 (1) (d))

Records that may be requested in terms of PAIA:

Administration

- Correspondence
- Licences
- Minutes of management meetings
- Minutes of staff meetings

Constitution

- List of directors
- Minute books and resolutions
- Share Register
- Statutory registers

Finances

- Annual financial statements
- Accounting records
- Assets Register
- Banking details
- Bank statements
- Financial statements
- Invoices
- Rental Agreements
- Tax Returns
- Vouchers

Human Resources

- Employment contracts
- Remuneration records and policies
- Employment Equity Plan (if applicable)
- Medical Aid records
- Pension Fund records
- Disciplinary records
- Salary records
- SETA records
- Disciplinary code
- Leave records
- Training records and manuals

Incorporation Documents

- Incorporation forms
- Memorandum and articles of association

Information Technology

- Software licence agreements
- Agreements with Internet Service Providers

Operations

- Register of clients
- Sales records

Policy documents

Specific agreements and documents relating to the private body's business activities

6. FORM OF REQUEST (SECTION 51 (1) (e))

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.
- 6.2** Address your request to the Head of the Body.
- 6.3** Provide sufficient details to enable the PRIVATE BODY 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 (SECTION 51 (1) (f))

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 no 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.

SIGNED at..... BENONI on..... 31-10-2012



CAROLYN ROSE MCKENZIE

I.D. No. 620125 0057 08 8



S.A. BURGER/S.A. CITIZEN

VAN SURNAME
MCKENZIE

VOORNAMEFOR ENAMES
CAROLYN ROSE

REPUBLIC OF SOUTH AFRICA
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GEREGISTREERDE WOON- EN POSADRES

- 1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakke.
- 2. Indien u van adres verander het, of indien besonderhede van u huidige adres, by straatnaam en/of nommer, ens. verander het, moet die vorm **KENNINGSWING VAN ADRESVERANDERING**, wat in die sakke agteran die identiteitsdokumente is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek- of distrikantoor van die **DEPARTEMENT VAN BINNELANDSE SAKE**.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

- 1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.
- 2. If you have changed your address, or if particulars of your present address, e.g. name of street and/or street number etc., have been changed, the **NOTICE OF CHANGE OF ADDRESS** form in the pocket at the back of the identity document must be used to report the change and it must be handed in, or posted, to the nearest regional district office of the **DEPARTMENT OF HOME AFFAIRS**.



1962-01-25

2007-09-13

CERTIFIED TRUE COPY

Michael Verrevinc
COMMISSIONER OF OATHS
 Michael Verrevinc
 Chartered Accountant (SA)
 Commissioner of Oaths (RSA)
 53 O'Reilly Merry, Rynfield 1501

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 <i>ONLY</i> 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:

E. Fees

- | |
|--|
| <p>(a) A request for access to a record, other <i>than</i> a record containing personal information about yourself, will be processed only after a request fee has been paid.</p> <p>(b) You will be <i>notified</i> of the amount required to be paid as the request fee.</p> <p>(c) The fee payable for access to a record depends <i>on</i> the form <i>in which</i> access is required and the reasonable time <i>required</i> to search for and prepare a record.</p> <p>(d) If you qualify for exemption <i>of</i> the payment <i>of</i> any fee, please state the reason for exemption.</p> |
|--|

Reason for exemption from payment of fees:

F. Form of access to record

<p>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.</p>
--

Disability:	Form in which record is required
<p>Mark the appropriate box with an X.</p> <p>NOTES:</p> <p>(a) Compliance with your request in the specified form may depend on the form in which the record is available.</p> <p>(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.</p> <p>(c) The fee payable for access for 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 cassette	<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 information derived from the record"
<input type="checkbox"/>		<input type="checkbox"/>	copy in computer readable form* (stiffy or compact disc)
<p>'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.</p>			<p>YES NO</p>

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

PAIA MANUALS

NAME OF CC / COMPANY / TRUST

CAROLYN FENWICK PHYSIOTHERAPISTS INC

REGISTRATION NUMBER / IT NUMBER

1995 / 00163221

1. CC / COMPANY / TRUST DETAILS - (ATTACH CIPC CERTIFICATE / LETTERS OF AUTHORITY)

REGISTERED ADDRESS:

21 SHERIDAN ROAD
PARKARMORE
BENONI

TELEPHONE NUMBER:

011 849 7726

FAX NUMBER:

011 849 4175

EMAIL ADDRESS:

cfenwick@mlweb.co.za

POSTAL ADDRESS:

A/A

PRINCIPAL BUSINESS:

PHYSIOTHERAPISTS

MAIN MEMBER / DIRECTOR / TRUSTEE DETAIL

SURNAME:

MCKENZIE

FULL NAMES:

CAROLYN ROSE

ID NUMBER:

6201250057088

TELEPHONE NUMBER:

053 453 5314

FAX NUMBER:

011 849 5527

EMAIL ADDRESS:

calmckenzie@mlweb.co.za

RESIDENTIAL STREET ADDRESS:

47 LEYDS ST
KYNGFIELD
BENONI

POSTAL ADDRESS:

A/A

SIGNATURE OF MAIN MEMBER / DIRECTOR / TRUSTEE

SIGN:

Cal McKenzie

SOUTH AFRICAN HUMAN RIGHTS COMMISSION

Tel: (011) 877 3600

Fax: 011 403 0625

Physical Address:
33 Hoofd Street
Braampark Forum 3
Braamfontein
2198

Postal Address:
Private Bag X 2700
Houghton
2041

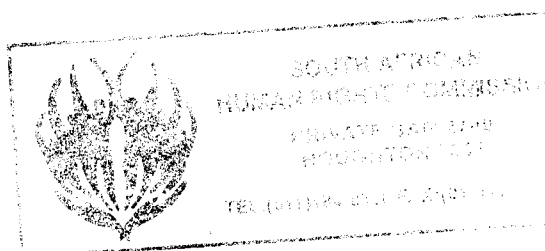


Date: 29/11 ~~June~~ 2012

Dear Sir/Madam

Receipt of your section 51 manual in terms of the Promotion of Access to Information Act (PAIA) is acknowledged with thanks.

The Commission will revert if needs be once a review of your manual is undertaken.



Transforming society. Securing rights. Restoring dignity.

Chairperson: ML Mshwana; **Deputy Chairperson:** P Govender; **Commissioners:** L Mokate, B Malatji, S Baai, J Love, D Titus
Chief Executive Officer: K Ahmed