

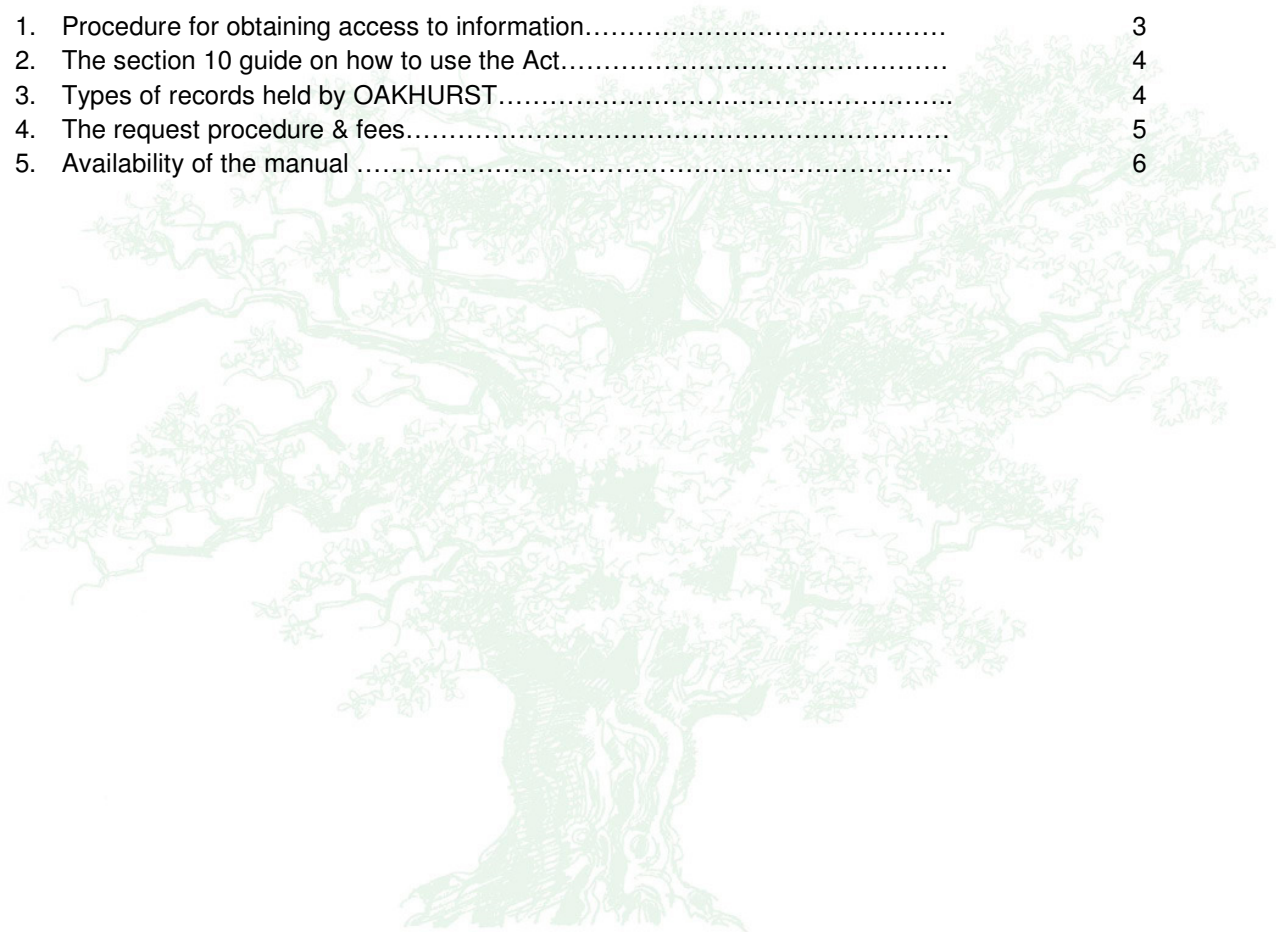


**INFORMATION MANUAL FOR  
OAKHURST INSURANCE COMPANY LIMITED  
FSP39925  
("OAKHURST")  
IN TERMS OF  
THE PROMOTION OF ACCESS TO INFORMATION ACT**



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## 1. PROCEDURE FOR OBTAINING ACCESS TO INFORMATION

### Contact details

Any person who wishes to request any information from OAKHURST in order to protect or exercise a right may contact the Information Officer at the following contact details:

The Information Officer

### Postal address

P O Box 9738  
George  
6530

### Physical address

127A York Street  
Hurteria Building  
George  
6529

Tel. : 0861 001 041  
Fax : 0866 778 120  
E-mail : [info@oakhurstins.co.za](mailto:info@oakhurstins.co.za)  
Website : [www.oakhurstins.co.za](http://www.oakhurstins.co.za)

### Prescribed Access Form

A request for access to a record of OAKHURST must be made in the prescribed form to OAKHURST at the address, fax, or e-mail address provided above. See **Annexure A** for the prescribed form.

Requesters must:

- a) provide sufficient particulars to enable the Information Officer to identify the record/s requested and must indicate who the requester is;
- b) indicate which form of access is required;
- c) specify a postal address, e-mail address or fax number of the requester in RSA;
- d) identify the right exercised or to be protected and why the record is required to protect or exercise the right;
- e) where they need to be informed of the decision on the request in any other manner, state that manner and particulars to be so informed; and
- f) if the request is made on behalf of a person, submit proof of their capacity to do so to the Information Officer's satisfaction.



## 2. THE SECTION 10 GUIDE ON HOW TO USE THE ACT

The Guide was compiled by the South African Human Rights Commission specifically to assist people to access records and exercise their right to information. The Guide is available in all South African official languages free of charge and any person may request a copy of the guide.

Please direct queries to:

### **The South African Human Rights Commission**

#### **PAIA Unit**

**2<sup>nd</sup> Floor Braampark Forum 3  
33 Hoofd Street  
Braampark Office Park  
Braamfontein**

**Telephone** : +27 11 877 3600  
**Website** : [www.sahrc.org.za](http://www.sahrc.org.za)  
**Contact** : Lindiwe Dlamini  
**E-mail** : [lidlamini@sahrc.org.za](mailto:lidlamini@sahrc.org.za)

## 3. TYPES OF RECORDS HELD BY OAKHURST INSURANCE COMPANY LIMITED

Requests for access to documents held by OAKHURST will be in accordance with the Act. The following records are available to the requester from the OAKHURST office:

### **Human Resources Records**

These include but are not limited to the following: Any personal records provided to OAKHURST by their personnel; any records a third party has provided to OAKHURST about any of their personnel; conditions of employment and other personnel-related contractual and quasi-legal records; internal evaluation records; and other internal records and correspondence.

### **Customer-related records**

- A customer includes any natural or juristic entity who receives services from OAKHURST;
- Customer-related information includes but is not limited to the following: Any records a customer has provided to a third party acting for or on behalf of OAKHURST; any records a third party has provided to OAKHURST; and records generated by or within OAKHURST pertaining to the customer, including transactional records.

### **Financial, IT and Operational records**

This includes but is not limited to the following: Financial records; operational records; databases; information technology; marketing records; internal correspondence; product records; statutory records; internal policies and procedures; treasury-related records; securities and equities; and records held by officials of OAKHURST.



### **Other Parties**

OAKHURST may possess records pertaining to other parties, including without limitation, contractors, suppliers, subsidiary/holding companies, joint venture companies, service providers. Alternatively, such other parties may possess records which can be said to belong to OAKHURST. The following records fall under this category: Personnel, customer or OAKHURST records which are held by another party as opposed to being held by OAKHURST; and records held by OAKHURST pertaining to other parties, including without limitation financial records, correspondence, contractual records, records provided by the other party, and records third parties have provided about the contractors / suppliers.

### **Records available in terms of other legislation**

The requester may also request information which is available in terms of legislation, such as the following:

Basic Conditions of Employment Act, Companies Act, Compensation for Occupational Injuries & Diseases Act, Employment Equity Act, National Credit Act, Pension Funds Act, Financial Services Board Act, Income Tax Act, Labour Relations Act, Unemployment Insurance Act, Long Term Insurance Act, Occupational Health and Safety Act, Promotion of Equality and Prevention of Unfair Discrimination Act, Electronic Communications and Transactions Act, Short Term Insurance Act, Skills Development Act, Skills Development Levies Act, South African Qualifications Authority Act, VAT Act, Financial Intelligence Centre Act, Financial Advisory and Intermediary Services Act, Protection of Constitutional Democracy Against Terrorist and related Activities Act.

## **4. THE REQUEST PROCEDURE & FEES**

- The Act provides for two types of fees, namely:
  - a) A request fee, being a standard fee; and
  - b) An access fee, which must be calculated by taking into account reproduction costs, search and preparation time and costs, as well as postal costs.
- The requester must use the prescribed form to make the request for access to a record to the above OAKHURST address, fax number or email address for the attention of the Information Officer.
- The Information officer will notify the requester of the prescribed fee (if any) payable before further processing the request.
- A requester seeking access to a record containing their own personal information will not be charged a request fee.
- If the search for the record has been made and the preparation of the record for disclosure would require more than the hours prescribed for this purpose, the Information Officer will notify the requester to pay, as a deposit, the prescribed portion of the access fee which would be payable if the request is granted.
- Oakhurst will withhold the record until the requester has paid the prescribed fees (and deposit where appropriate)
- A requester whose request for access to a record has been granted, must pay an access fee for reproduction and for search and preparation, and for any time reasonable required in



excess of the prescribed hours to search for and prepare the record for disclosure, including making arrangements to make it available in the requested form.

**5. AVAILABILITY OF THE MANUAL**

The manual is also available for inspection at OAKHURST office, free of charge, on the OAKHURST website and copies are available at the South African Human Rights Commission.



**ANNEXURE A**

**PRESCRIBED FORM TO BE COMPLETED BY A REQUESTER**

**REQUEST FOR ACCESS TO RECORDS OF PRIVATE BODY**

(Section 53(1) of the Promotion of Access to Information Act, No 2 of 2000)

**(Regulation 4)**

**A. Particulars of Private Body**

The Information Officer: in respect of \_\_\_\_\_ (specify company, if applicable)

**B. Particulars of Person requesting access to the record**

- |   |
|---|
| (a) <i>The particulars of the person who requests access to the records must be recorded below.</i> |
| (b) <i>Furnish an address and/or fax number in the Republic to which information must be sent.</i>  |
| (c) <i>Proof of the capacity in which the request is made, if applicable, must be attached.</i>     |

Full Name and Surname:

\_\_\_\_\_

Identity Number:

\_\_\_\_\_

Postal Address:

\_\_\_\_\_

Telephone Number : \_\_\_\_\_

Fax Number : \_\_\_\_\_

E-mail address : \_\_\_\_\_

Capacity in which request is made, when made on behalf of another person:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. Particulars of person of 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:

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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 the Record or relevant part of the record:

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2. Reference number, if available:

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3. Any further particulars of the 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 of the request fee.*
- (c) *The **fee payable for access** to a record depends on the form in which the 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 therefore.*

Reason for exemption of payment of the fee (if any):

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**F. Form of Access to the 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: <hr/> <hr/> <hr/>	Form in which record is required: <hr/> <hr/> <hr/>
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Mark the appropriate box with an "X"

**NOTES:**

- (a) *Your indication as to the required form of access depends 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 to the record, if any, will be determined partly by the form in which access is requested.*

<b>1. If the record is in written or printed form:</b>					
<input type="checkbox"/>	Copy of record *		<input type="checkbox"/>	Inspection of record	
<b>2. If the record consists of visual images:</b>					
(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"/>	Transcription of the images*
<b>3. If the record consists of recorded words or information which can be reproduced in sound:</b>					
<input type="checkbox"/>	Listen to the soundtrack (audio cassette)		<input type="checkbox"/>	Transcription of soundtrack * (written or printed document)	
<b>4. If the record is held on computer or in an electronic or machine-readable form:</b>					
<input type="checkbox"/>	Printed copy of record	<input type="checkbox"/>	Printed copy of information derived from the record *	<input type="checkbox"/>	Copy in computer readable form * (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?				YES	NO
<b>A postal fee is payable.</b>					

**G. Particulars of right to be exercised or protected:**

*If the provided space is inadequate, please continue of 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:

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2. Explain why the requested record is required for the exercising or protection of the aforementioned right:

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**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 thereof 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?

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Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

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SIGNATURE OF REQUESTER/PERSON ON WHOSE BEHALF REQUEST IS MADE