

**ASPIS (PTY) LTD**

**REGISTRATION NO: 2011/005416/07**

**MANUAL**

**in terms of**

**Section 51 of**

**The Promotion of Access to Information Act**

**2/2000**

**(the "ACT")**

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## **1. INTRODUCTION**

ASPIS (PTY) LTD is a insurance marketing company which was incorporated in 2007.

It was incorporated to market into the short term micro insurance space.

## **2. COMPANY CONTACT DETAILS**

Directors:                      Mr P Bishop (Managing)  
   Mr J Crookes

Postal Address:                P.O. Box 467, Kloof, 3620

Street Address:               45 Old Main Road, Kloof, 3610

Telephone Number:          031 140 2392

Email:                            info@aspis.co.za

## **3. THE ACT**

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

#### **4. APPLICABLE LEGISLATION**

<b><u>No</u></b>	<b><u>Ref</u></b>	<b><u>Act</u></b>
1	No 71 of 2008	Companies Act
2	No 68 of 2008	Consumer Protection Act
3	No 58 of 1962	Income Tax Act
4	No 66 of 1995	Labour Relations Act
5	No 89 of 1991	Value Added Tax Act
6	No 75 of 1997	Basic Conditions of Employment Act
7	No 9 of 1999	Skills Development Levies Act
8	No 25 of 2002	Electronic Communications and Transactions Act
9	No 2 of 2000	Promotion of Access of Information Act
10	No 30 of 1996	Unemployment Insurance Act
11	No 130 of 1993	Compensation for Occupational Injuries and Diseases Act
12	No 4 of 2013	Protection of Personal Information Act
13	No 38 of 2001	The Financial Intelligence Centre Act

#### **5. Schedule of Records**

##### **5.1 INTERNAL RECORDS**

- Documents of incorporation
- Memorandum and Articles of Association
- 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
- Internal policies and Procedures
- Charters

The above records are available on request in terms of PAIA

##### **5.2 FINANCIAL / OPERATIONAL RECORDS**

- Annual Financial Statements
- Tax Returns
- Accounting Records
- Banking Records/Bank Statements
- Electronic banking records
- Asset Register
- Invoices
- Service Level Agreements

The above records are available on request in terms of PAIA or limited information in our Annual Financial Statements

### **5.3 SARS RECORDS**

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

The above records are available on request in terms of PAIA

### **5.4 MARKETING**

- Market Information and flyers
- Business model
- Performance Records
- Marketing Strategies
- Customer Database

The above records are available on request in terms of PAIA

## **6. FORM OF REQUEST**

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](http://www.sahrc.org.za).
- 6.2** Address your request to the Head of the Company (CEO).
- 6.3** Provide sufficient details to enable the COMPANY 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**

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 not 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 and exemptions passed are available on the website of the SOUTH AFRICAN HUMAN RIGHTS COMMISSION at [www.sahrc.org.za](http://www.sahrc.org.za).

Please refer attached Form for requests

Signed in Kloof on 7 March 2025

Signature:  \_\_\_\_\_

Designation: Managing Director

# FORM 2

## REQUEST FOR ACCESS TO RECORD

[Regulation 7]

**NOTE:**

1. Proof of identity must be attached by the requester.
2. If requests made on behalf of another person, proof of such authorisation, must be attached to this form.

**TO:** The Information Officer


(Address)

E-mail address: 

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Fax number: 

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Mark with an "X"

☐

Request is made in my own name

☐

Request is made on behalf of another person.

PERSONAL INFORMATION				
Full Names				
Identity Number				
Capacity in which request is made (when made on behalf of another person)				
Postal Address				
Street Address				
E-mail Address				
Contact Numbers	Tel. (B):		Facsimile: <table border="1"><tr><td></td></tr></table>	
Cellular:				
Full names of person on whose behalf request is made (if applicable):				
Identity Number				
Postal Address				

Street Address			
E-mail Address			
Contact Numbers	Tel. (B)		Facsimile
	Cellular		
<p align="center"><b>PARTICULARS OF RECORD REQUESTED</b></p> <p><i>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. (If the provided space is inadequate, please continue on a separate page and attach it to this form. All additional pages must be signed.)</i></p>			
Description of record or relevant part of the record:			
Reference number, if available			
Any further particulars of record			
<p align="center"><b>TYPE OF RECORD</b></p> <p align="center"><i>(Mark the applicable box with an "X")</i></p>			
Record is in written or printed form			
Record comprises virtual images <i>(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)</i>			
Record consists of recorded words or information which can be reproduced in sound			
Record is held on a computer or in an electronic, or machine-readable form			



<b>FORM OF ACCESS</b> <i>(Mark the applicable box with an "X")</i>	
Printed copy of record <i>(including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)</i>	
Written or printed transcription of virtual images <i>(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)</i>	
Transcription of soundtrack <i>(written or printed document)</i>	
Copy of record on flash drive <i>(including virtual images and soundtracks)</i>	
Copy of record on compact disc drive <i>(including virtual images and soundtracks)</i>	
Copy of record saved on cloud storage server	

<b>MANNER OF ACCESS</b> <i>(Mark the applicable box with an "X")</i>	
Personal inspection of record at registered address of public/private body <i>(including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form)</i>	
Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed format <i>(including transcriptions)</i>	
E-mail of information <i>(including soundtracks if possible)</i>	
Cloud share/file transfer	
Preferred language <i>(Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available)</i>	

<b>PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED</b> <i>If the provided space is inadequate, please continue on a separate page and attach it to this Form. The requester must sign all the additional pages.</i>	
Indicate which right is to be exercised or protected	

Explain why the record requested is required for the exercise or protection of the aforementioned right:	

FEES	
a)	<i>A request fee must be paid before the request will be considered.</i>
b)	<i>You will be notified of the amount of the access fee to be paid.</i>
c)	<i>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.</i>
d)	<i>If you qualify for exemption of the payment of any fee, please state the reason for exemption</i>
Reason	

You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence:

Postal address	Facsimile	Electronic communication (Please specify)

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

\_\_\_\_\_  
**Signature of Requester / person on whose behalf request is made**

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**FOR OFFICIAL USE**

Reference number:	
Request received by: (State Rank, Name And Surname of Information Officer)	
Date received:	
Access fees:	
Deposit (if any):	

\_\_\_\_\_  
**Signature of Information Officer**