ThoroughTec Simulation (Pty) Ltd

Procedure Manual for Access to Information

(In terms of Section 51 of the Promotion of Access to Information Act)

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2023/10/16	**1**	**Update of Directors in page footer; fax number update of SAHRC; deletion of repealed forms under Annexure A and B and replaced with new mandated prescribed Form 2 – Request for Access to Record (regulation 7) and Form 3 - Outcome of Request and of Fees Payable (regulation 8).**	**28-03377-TT**

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1. Introduction

In terms section 51 of the Act a requester must be given access to any record of a private body if-

(a) that record is required for the exercise or protection of any rights

(b) that person complies with the procedural requirements set out in the Act relating to a request for access to that record (see annexure A); and

(c) access to that record is not refused in terms of any ground for refusal contemplated in chapter 4 of the Act

2. Company Profile

ThoroughTec Simulation (Pty) Ltd which is situated in Durban, Kwa-Zulu Natal is engaged in the design, development, manufacture, distribution and support of technology based simulation training products.

3. Registration Number

The Registration Number of the Company is **2011/010802/07**

4. Registered Office

Registered Office of the Company is:

24 Spring Grove
Umhlanga Ridge
Kwa-Zulu Natal
4319

Postal Address: P. O. Box 1550
Umhlanga Rocks
4320

Telephone Number: (031) 569 4033

Telefax number: (031) 584 6044

5. Head Office

The Head Office of the Company is situated at:

	24 Spring Grove Umhlanga Ridge Kwa-Zulu Natal 4319
Postal address:	P.O. Box 1550 Umhlanga Rocks 4320
Telephone number:	(031) 569 4033
Telefax number:	(031) 584 6044
Electronic Mail:	davidw@thoroughtec.com
Website:	www.thoroughtec.com

6. Contact Details

The contact details for the Company are as follows:

Information Officer:	Mr. David Waltham
Physical address:	24 Spring Grove Umhlanga Ridge Kwa-Zulu Natal 4319
Postal Address:	P. O. Box 1550 Umhlanga Rocks 4320
Telephone Number:	(031) 569 4033
Telefax Number:	(031) 584 6044
Electronic Mail:	davidw@thoroughtec.com

7. Guidelines for application of the Promotion of Access to Information Act

A copy of the guidelines setting out the procedure for the obtaining of access to information in terms of the Act may be obtained from:

The South African Human Rights Commission

Postal Address:	Private Bag 2700 Houghton 2041.
Telephone Number:	(011) 877 3600
Fax Number:	(011) 403 0684
Website:	www.sahrc.org.za

8. Information available in terms of the Companies Act

Information available to the public in terms of the Companies Act includes the following documents:

- The Certificate of Registration
- The Memorandum and Articles of Association
- The Register of Shareholders
- The Register of Directors

which are kept at the **Registered Office** of the Company at the address referred to in paragraph 4 above.

The Minute Book of the Company is kept at the **Head Office** at the address referred to in paragraph 5 above.

Statutory information relating to the Company may also be obtained from:

The Companies and Intellectual Property Commission (CIPC)

Street Address: 77 Meintjies Street, Sunnyside Pretoria.

Postal Address: P. O. Box 429 Pretoria 0001

Telephone Number: (012) 394 9500

9. Protection of Personal Information Act ("POPI")

Personal Information, as defined in the Protection of Personal Information Act, No.4 of 2013 ("POPI"), is used in the day to day operational processes and employment processes including but not limited to recruitment, employment contracts, employment equity, medical aid, group life policies, disciplinary actions, performance management, retrenchments, benefits and remuneration, training, SETA records or other employment-related requirements.

The company may also process personal information as part of its standard business operations in concluding agreements, or as and when required under any other laws or regulations.

Personal Information maintained by the Company includes, but is not necessarily limited to the following:

Categories of Data Subjects	**Categories of Information Held**
A. Customers and Suppliers/Service Providers	Includes company registration details, VAT registration details, BEE certificates, payment details including bank accounts, invoices, contracts/agreements, terms and conditions, addresses, contact details.
B. Directors & Employees	Names, ID numbers, ID documents, addresses, passport details, birth dates, age, race, gender. criminal checks, finger prints, CV's, education history, employment history, banking details, remuneration and

	benefits, shareholding, medical history, spouse and family details, beneficiaries, disability information, income tax numbers, medical aid memberships, provident/pension fund membership and contributions, employee performance, disciplinary actions.
C. Consultants/Contractors	Depending on nature of consultant or contractor, any details under categories A and B above.

The company strives to uphold good information security practices to avoid uncontrolled communication and/or abuse or misuse of Personal Information through the following measures:

- Physical security controls e.g. finger print scan access
- Network security controls e.g. firewalls
- Access controls to IT systems including password controls
- Protection for viruses and other malware
- Business continuity management and IT disaster recovery procedures
- Confidentiality and non-disclosure undertakings with customers, suppliers and employees
- Maintaining configuration management systems and controls to protect intellectual property and proprietary information

10. Other Records

The following records are maintained at the Head Office of the Company which is situated at the address referred to in paragraph 5 above:

- Finance and accounting records
- Staff employment records
- Business operation records

11. Application for Access to Records

Application for access to the required records must be made in the format set out in **Annexure A** attached hereto and may be posted, faxed or transmitted by electronic mail to the address set out in paragraph 5 above.

12. Fees Chargeable for Access to Records

Depending on the nature of the information to which access is required, the Company reserves the right to charge a fee to cover all reasonable administrative costs incurred by it in providing access to the information requested. The schedule of applicable fees is set out in **Annexure B** attached hereto.

13. Grounds for Refusal of Access to Records

Access to certain records may be denied on the grounds set out in the Act. Grounds for refusal include but are not limited to

- For the protection of the privacy of individuals
- For the protection of commercial information and confidential information of third parties
- Privileged from production in terms of legislation, judgements, determinations and awards.
- Commercial information relating to the companies
- Research information

In the event of such refusal the applicant will be advised within 30 days of the request for access having been received.

14. Applications to Court

In the event of an applicant disputing the right of the Company to refuse access to the required records, the applicant may apply to a court of law for an order directing the Company to grant access to such records in terms of Part 4 Chapter 2 of the Act.

15. Copies of the Manual

Copies of this manual may be obtained from the **Registered Office** of the Company at the addresses referred to in paragraph 4 above or at the **Head Office** of the Company at the addresses referred to in paragraph 5 or on the Company's **Website** referred to in paragraph 5 above.

ANNEXURE A

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: _____

Fax number: _____

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:	
	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:			

PARTICULARS OF RECORD REQUESTED

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.)

Description of record or relevant part of the record:	
Reference number, if available	
Any further particulars of record	

TYPE OF RECORD
*(Mark the applicable box with an **'X")***

Record is in written or printed form	
Record comprises virtual images *(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)*	
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	

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

MANNER OF ACCESS *(Mark the applicable box with an* **'X'?**	
Personal inspection of record at registered address of public/private body *(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)*	
Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed format *(including transcriptions)*	
E-mail of information *(including soundtracks if possible)*	
Cloud share/file transfer	
Preferred language *(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)*	

PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED *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.*	
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) A request fee must be paid before the request will be considered. *b) You will be notified of the amount of the access fee to be paid.* *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	

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

---

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

ANNEXURE B

FORM 3

OUTCOME OF REQUEST AND OF FEES PAYABLE

(Regulation 8)

Note:

1. *If your request is granted the-*
   (a) *amount of the deposit, (if any), is payable before your request is processed; and*
   (b) *requested record/portion of the record will only be released once proof of full payment is received.*
2. *Please use the reference number hereunder in all future correspondence.*

Reference number: _____

TO: _____
_____
_____
_____

Your request dated _____, refers.

Your request dated _____, refers.

1. You requested:

Personal inspection of information at registered address of public/private body *(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)* is free of charge. You are required to make an appointment for the inspection of the information and to bring this Form with you. If you then require any form of reproduction of the information, you will be liable for the fees prescribed in Annexure B.	

OR

2. You requested:

Printed copies of the information *(including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)*	
Written or printed transcription of virtual images *(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)*	
Transcription of soundtrack *(written or printed document)*	
Copy of information on flash drive *(including virtual images and soundtracks)*	
Copy of information on compact disc *drive(including virtual images and soundtracks)*	
Copy of record saved on cloud storage server	

3. To be submitted:

Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed format *(including transcriptions)*	
E-mail of information *(including soundtracks if possible)*	
Cloud share/file transfer	
Preferred language: *(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)*	

Kindly note that your request has been:

☐ Approved

☐ Denied, for the following reasons: _____

4 . Fees payable with regards to your request:

Item	Cost per A4-size page or part thereof/item	Number of pages/items	Total
Photocopy			
Printed copy			
For a copy in a computer-readable form on: (i) Flash drive • To be provided by requestor (ii) Compact disc • If provided by requestor • If provided to the requestor	 R40.00 R40.00 R60.00		
For a transcription of visual images per A4-size page	Service to be outsourced. Will depend on the quotation of the service provider		
Copy of visual images			
Transcription of an audio record, per A4-size	R24.00		
Copy of an audio record (i) Flash drive To be provided by requestor (ii) Compact disc If provided by requestor If provided to the requestor	 R40.00 R40.00 R60.00		
Postage, e-mail or any other electronic transfer:	Actual costs		
TOTAL:			

5. Deposit payable (if search exceeds six hours):

☐ **Yes** ☐ **No**

Hours of search		Amount of deposit *(calculated on one third of total amount per request)*	

The amount must be paid into the following Bank account:

Name of Bank: _____
Name of account holder: _____
Type of account: _____
Account number: _____
Branch Code: _____
Reference Nr: _____
Submit proof of payment to: _____

Signed at _____ this _____ day of _____ 20 _____

_____
Information officer