

## **AMADWALA GROUP OF COMPANIES**

Consisting of the following entities:

Entity Name	Reg. Number
AMADWALA FINANCIAL ADVISORS CC	2010/173855/23
AMADWALA RISK SOLUTIONS (PTY) LTD	2003/029439/07
AMADWALA FIDUCIARY SERVICES (PTY) LTD	2013/230326/07
AMADWALA RISK & WEALTH CONSULTING (PTY) LTD, <i>Previously named:</i> AMADWALA GROUP OF COMPANIES (PTY) LTD	2011/132520/07
AMADWALA WEALTH (PTY) LTD	2015/248358/07

## **PAIA Manual**

in terms of

Section 51 of

**The Promotion of Access to Information Act 2 of 2000**

**(the "ACT")**

Original Version Date: 06 December 2021

Revision Date: 16 October 2023

Amadwala Group of Companies PAIA Manual - AGC-MNL-PAIA, Rev. 02

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## 1. INTRODUCTION

Amadwala Group of Companies consists of the following entities:

Amadwala Financial Advisors CC,  
 Amadwala Risk Solutions (PTY) LTD,  
 Amadwala Fiduciary Services (PTY) LTD,  
 Amadwala Risk & Wealth Consulting (PTY) LTD,  
 Amadwala Wealth (PTY) LTD

and conducts business as Brokerage. We are Authorized Service Providers in terms of the Financial Advisory & Intermediary Service Act.

## 2. COMPANY CONTACT DETAILS

Directors	:	Amadwala Financial Advisors CC	Mr. Etienne Booyens Mrs. Marelize Johnstone Mrs. Jeanne Erasmus
	:	Amadwala Risk Solutions (PTY) LTD	Mr. Etienne Booyens Mr. Christiaan Karsten
	:	Amadwala Fiduciary Services (PTY) LTD	Mr. Etienne Booyens Mrs. Jeanne Erasmus
	:	Amadwala Risk & Wealth Consulting (PTY) LTD	Mr. Etienne Booyens
	:	Amadwala Wealth (PTY) LTD	Mr. Etienne Booyens
Office Manager/CEO	:	Mr. Etienne Booyens	
Financial & Admin Manager	:	Mr. Henry Howard	
HR Manager	:	Mrs. Matsatsi Moloto	
Compliance/ Information Officer	:	Mr. Henry Howard	
Postal Address	:	Postnet Suite 706 Private Bag X7260 Witbank 1035	
Physical Address	:	7C Corridor Crescent Route N4 Business Park Benfleur Witbank 1035	

Telephone Number	:	013 656 4444 / 083 650 4892
Email Address	:	<a href="mailto:booye@amadwalafa.co.za">booye@amadwalafa.co.za</a> (Etienne) <a href="mailto:admin1@amadwalafa.co.za">admin1@amadwalafa.co.za</a> (Henry)

### 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.
- 3.3.** Requesters are referred to the Guide which has been compiled by the South African Information Regulator, which will contain information for the purposes of exercising the requests of personal records. The Guide is available from the Informations Regulator Website.

The contact details of the Information Regulator are:

Address : JD House, 27 Stiemens Street, Braamfontein,  
Johannesburg, 2001.  
P.O Box 31533, Braamfontein,  
Johannesburg, 2017

Telephone Number : 010 023 5200

Website : [enquiries@info regulator.org.za](mailto:enquiries@info regulator.org.za)

### 4. APPLICABLE LEGISLATION

<u>No</u>	<u>Ref</u>	<u>Act</u>
1	Act 2 of 2000	Promotion of Access of Information Act
2	Act 3 of 2000	Promotion of Administrative Justice Act
3	Act 54 of 2002	Promotion of Access to Information Amendment Act
4	Act 4 of 2013	Protection of Personal Information Act
5	Act 31 of 2019	Promotion of Access to Information Amendment Act
6	Act 6 of 2018	Political Party Funding Act

## 5. SCHEDULE OF RECORDS

<u>Records</u>	<u>Subject</u>	<u>Availability</u>
Financial	<ul style="list-style-type: none"> <li>Financial Statements</li> <li>Financial and Tax Records (Company &amp; Employees)</li> <li>Asset Register</li> <li>Management Accounts</li> </ul>	<ul style="list-style-type: none"> <li>Anovate Financial Solutions CC</li> <li>Matsatsi Moloto</li> </ul>
Marketing	<ul style="list-style-type: none"> <li>Market Information</li> </ul>	<ul style="list-style-type: none"> <li>Using Marketing Information from Third Parties/Service &amp; Product Providers</li> </ul>
	<ul style="list-style-type: none"> <li>Customer Database</li> </ul>	<ul style="list-style-type: none"> <li>atWork System (Electronic)</li> <li>Filing Room</li> </ul>

## 6. FORM OF REQUEST (Regulation 7, Form 2 – Request for access to record)

To facilitate the processing of your request, kindly:

- Use the prescribed form/template (Form 2 – Annexure A), available on request from the Information Officer of Amadwala Financial Advisors CC at the following email address: [admin1@amadwalafa.co.za](mailto:admin1@amadwalafa.co.za)
- Address your request to the Information Officer and/or Head of the Company (CEO).
- Requesters who are unable to read or write can make verbal requests to the Information Officer or Deputy Information Officer of a public body, who is then responsible for completing the form 2 on behalf of the requester.
- If for any reasons his request does not comply with the requirements listed below, the Information Officer may not just refuse his request, unless he notified the requester that he intends to refuse the request and the reasons are provided. The Information Officer must also notify that he will assist the requester or give him an opportunity to correct the error.
- The current form will require you to complete the following sections:

<u>Information Required</u>	<u>Description</u>
Particulars of public private body	This section should contain the relevant email and fax number of the Information Officer and/or Deputy Information Officer.
Particulars of person	This should contain enough information about the requester to make the requester reasonably easy to

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requesting access to records	identify, including the contact details of the requester: postal address, email address, fax and/or telephone number in South Africa. It also asks for your identity number to authenticate your identity. If you are requesting the information on behalf of someone else, proof of the capacity in which you are making the request must be provided (as the 'authorised person').
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 the form. All additional pages must be signed.
Type of record	This should contain enough information about the record to make it reasonably easy to identify. If the information required cannot fit in the space provided in the form, additional typed or handwritten page may be used to give more detail of the request, as long as each additional page is signed, and attached to the request form. You might, for example, include an extract from a report or news story that references the record you are looking for. It allows you to include a reference number for the record, if it is applicable.
Fees	The body, to which a requester intends submitting a request for access to a record, including record containing personal information about his or herself, may request that you pay request fee (access fee) or deposit fee, but that amount must not be excessive, as the fees must be for the reasonable time required to search for and prepare a record. The Minister may by notice in the Gazette exempt the payment of fees as listed on paragraph 51.1 below. A space is provided for the requester to indicate why he believes he or she should be exempted from paying any fees. The reason may include, for example, that he or she is unemployed.
Form of access to record	This section allows you to note with an "X" your preferences for the form of access to the record may be provided in a printed copy of record and/or flash drive and/or compact disc drive.
Manner of access	Under this section you are required to note your preference in relation to which language the record should be in (this may not be possible in relation to all records, but you should still indicate your preference). The manner of access of the record may contribute to a refusal of access due to higher fees. For example, if a requester wants document in your preferred language, fees for changing the documents to your preferred language may become payable. However, if the record is not available in the language you prefer, access may be

	granted in the language in which the record is available. The manner of access to record may include personal inspection of record, record sent by email, or fax or courier or postal.
Notice of decision regarding request for access	A space is provided for the requester to describe the manner in which he wishes to be informed about the decision to grant or deny the request. The requester can specify for instance that he would prefer to be contacted by email or by telephone or the response can be posted or couriered to him.
Particulars of right to be exercised or protected	When requesting information from a private body a requester is required to describe the "particulars of right to be exercised or protected". Here he must state the right he is relying on (such as his right to a healthy environment) and how the record he is requesting will help you either exercise, or protect, that right. He must show a connection between the record he wants, and the exercise or protection of the right. Unfortunately, unlike the request for access to record of a public body, he cannot access a record of the private body unless he specifies the right(s) he intends protecting or exercising should access for information be granted. This can include the fact that after he gains access to records, he will then exercise his right to equal protection and benefit of the law <sup>16</sup> by suing that body for damages that he may have suffered.

**7. PRESCRIBED FEES (Regulation 8, Form 3 – Outcome of request and of fees payable)**

The following applies to requests (other than personal requests):

- A requestor is required to pay the prescribed fees as regulated before a request will be processed;
- 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);
- A requestor may lodge an application with a court against the tender/payment of the request fee and/or deposit;
- Records may be withheld until the fees have been paid.
- The fee structure is available on the website of the Information Regulator.

## **8. INTERNAL APPEAL - (Regulation 9, Form 4)**

- An internal appeal can only be lodged, in terms of section 74 of PAIA, with the relevant authority of the national or provincial sphere of government or any municipality in the local sphere of government as the case may be.
- When a requester or a third party is unhappy with a decision made by the Information Officer or Deputy Information Officer of a national, provincial or local sphere of government, the requester or a third party has the right to file an internal appeal, in terms of section 74(1) or (2) of PAIA.
- If the response from the national, provincial or local sphere of government is a deemed refusal, in another words, it has failed to respond to a request within 30 days or any extended period, the requester may file an internal appeal, as per the processes outlined herein, before the requester may approach the Regulator or a Court.
- The PAIA Guide, found on the Information Regulator's website has an outline on how to lodge an internal appeal.



# ANNEXURE A – FORM 2 (REQUEST FOR ACCESS TO RECORDS)

## 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 <i>(when made on behalf of another person)</i>	
Postal Address	
Street Address	
E-mail Address	
Contact Numbers	Tel. (B): <input type="text"/> Facsimile: <input type="text"/>
	Cellular: <input type="text"/>
Full names of person on whose behalf request is made <i>(if applicable)</i> :	
Identity Number	
Postal Address	

Street Address			
E-mail Address			
Contact Numbers	Tel. (B)		Facsimile
	Cellular		
<b>PARTICULARS OF RECORD REQUESTED</b>			
<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>			
Description of record or relevant part of the record:			
Reference number, if available			
Any further particulars of record			
<b>TYPE OF RECORD</b> <i>(Mark the applicable box with an "X")</i>			
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:	

<b>FEES</b>	
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 <i>(Please specify)</i>

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

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

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**FOR OFFICIAL USE**

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

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

## ANNEXURE B – FORM 3 (OUTCOME OF REQUEST AND OF FEES PAYABLE)

### 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.

**1. You requested:**

Personal inspection of information 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> ) 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.	
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**OR**

**2. You requested:**

Printed copies of the information ( <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 information on flash drive ( <i>including virtual images and soundtracks</i> )	
Copy of information on compact disc drive ( <i>including virtual images and soundtracks</i> )	
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 ( <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> )	

Kindly note that your request has been:

Approved

Denied, for the following reasons:

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**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	R40.00		
• To be provided by requestor			
(ii) Compact disc	R40.00		
• If provided by requestor	R60.00		
• If provided to the requestor			
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	R40.00		
• To be provided by requestor			
(ii) Compact disc	R40.00		
• If provided by requestor	R60.00		
• If provided to the requestor			
Postage, e-mail or any other electronic transfer:	Actual costs		
<b>TOTAL:</b>			

**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

# ANNEXURE C – FORM 4 (INTERNAL APPEAL)

## INTERNAL APPEAL FORM

### FORM 4

[Regulation 9]

Reference Number: .....

PARTICULARS OF PUBLIC BODY			
Name of Public Body			
Name and Surname of Information Officer:			
PARTICULARS OF COMPLAINANT WHO LODGES THE INTERNAL APPEAL			
Full Names			
Identity Number			
Postal Address			
Contact Numbers	Tel. (B)		Facsimile
	Cellular		
E-Mail Address			
Is the internal appeal lodged on behalf of another person?	Yes		No
If answer is "yes", capacity in which an internal appeal on behalf of another person is lodged: <i>(Proof of the capacity in which appeal is lodged, if applicable, must be attached.)</i>			
PARTICULARS OF PERSON ON WHOSE BEHALF THE INTERNAL APPEAL IS LODGED <i>(If lodged by a third party)</i>			
Full Names			
Identity Number			
Postal Address			
Contact Numbers	Tel. (B)		Facsimile
	Cellular		
E-Mail Address			

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<b>DECISION AGAINST WHICH THE INTERNAL APPEAL IS LODGED</b> <i>(mark the appropriate box with an "X")</i>	
Refusal of request for access	
Decision regarding fees prescribed in terms of section 22 of the Act	
Decision regarding the extension of the period within which the request must be dealt with in terms of section 26(1) of the Act	
Decision in terms of section 29(3) of the Act to refuse access in the form requested by the requester	
Decision to grant request for access	
<b> GROUNDS FOR APPEAL</b> <i>(If the provided space is inadequate, please continue on a separate page and attach it to this form. all the additional pages must be signed)</i>	
State the grounds on which the internal appeal is based:	
State any other information that may be relevant in considering the appeal:	

You will be notified in writing of the decision on your internal appeal. Please indicate your preferred manner of notification:

Postal address	Facsimile	Electronic communication <i>(Please specify)</i>

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

\_\_\_\_\_  
**Signature of Appellant/Third party**



**FOR OFFICIAL USE**  
**OFFICIAL RECORD OF INTERNAL APPEAL**

Appeal received by: <i>(state rank, name and surname of Information Officer)</i>					
Date received:					
Appeal accompanied by the reasons for the information officer's decision and, where applicable, the particulars of any third party to whom or which the record relates, submitted by the information officer:				Yes	
				No	
<b>OUTCOME OF APPEAL</b>					
Refusal of request for access. Confirmed?	Yes		New decision <i>(if not confirmed)</i>		
	No				
Fees (Sec 22). Confirmed?	Yes		New decision <i>(if not confirmed)</i>		
	No				
Extension (Sec 26(1)). Confirmed?	Yes		New decision <i>(if not confirmed)</i>		
	No				
Access (Sec 29(3)). Confirmed?	Yes		New decision <i>(if not confirmed)</i>		
	No				
Request for access granted. Confirmed?	Yes		New decision <i>(if not confirmed)</i>		
	No				

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

\_\_\_\_\_  
**Relevant Authority**