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GENCOM RISK MANAGEMENT (Pty) Ltd

MANUAL

in terms of

Section 51 of

The Promotion of Access to Information Act

2/2000

(the "ACT")

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1. INTRODUCTION

Gencom Risk Management (Pty) Ltd (Gencom Risk) conducts business as a Financial Services Provider in terms of the Financial Advisory and Intermediary Services Act. Our FSP licence number is 50768.

We are an Underwriting Manager for New National Assurance Company Limited and we focus on Domestic and Commercial Short Term Insurance business only.

2. COMPANY CONTACT DETAILS

Persons designated/duly authorised persons:

Directors: Mr. PJL van Biljon

Mrs N van Biljon

Information Officer: Mr Kristoff van Biljon

Postal Address: 276 Delphinium Road, Brackendowns, Alberton, 1448

Street Address: 23 Webber Street, Selby, Johannesburg, 2000

Telephone Number: 010 597 0864

Email: kristoff@gencomrisk.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

No	Ref	Act
1	No 61 of 1973	Companies Act
2	No 98 of 1978	Copyright Act
3	No 55 of 1998	Employment Equity Act
4	No 95 of 1967	Income Tax Act
5	No 66 of 1995	Labour Relations Act
6	No 89 of 1991	Value Added Tax Act
7	No 37 of 2002	Financial Advisory and Intermediary Services Act
8	No 75 of 1997	Basic Conditions of Employment Act
9	No 69 of 1984	Close Corporations Act
10	No 25 of 2002	Electronic Communications and Transactions Act
11	No 2 of 2000	Promotion of Access of Information Act
12	No 30 of 1996	Unemployment Insurance Act

5. ACCESS TO RECORDS AND AVAILABILITY

The head of Gencom Risk -

- (a) must, during office hours and upon request, make available for public inspection a copy of the manual;
- (b) may not charge a fee for a public inspection referred to in paragraph (a); and
- (c) may, in respect of a copy of the manual or part thereof made available in a manner other than that contemplated in paragraph(a), charge the fee prescribed in Item 1 of Part III of Annexure A and the actual postage if a copy must be posted.”.

RECORDS

Public Affairs

1. Public Product Information
2. Public Corporate Records
3. Media Releases

Financial Records

1. Annual Financial Statements
2. Tax Returns
3. Accounting Records
4. Banking Records
5. Bank Statements
6. Electronic banking records
7. Asset Register
8. Rental Agreements
9. Invoices

Income Tax Records

1. PAYE Records
2. Documents issued to employees for income tax purposes
3. Records of payments made to SARS on behalf of employees
4. All other statutory compliances:
 - o VAT
 - o Regional Services Levies
 - o Skills Development Levies
 - o UIF
 - o Workmen's Compensation

Personnel Documents And Records

1. Employment contracts
2. Disciplinary records
3. Salary records
4. SETA records
5. Disciplinary code
6. Leave records
7. Training records
8. Training Manuals

Marketing

1. Market Information
2. Public Customer Information:
 - a. Product Brochures
 - b. Owner Manuals
3. Performance Records
4. Marketing Strategies
5. Customer Database

Subjects On Which Records Are Kept:

Clients / Policyholders / Service Providers and Product Suppliers of Gencom Risk.

Products And Services:

Short Term Insurance products.

All these records are kept in terms of legislation applicable to any of the above products or services and the Financial Services Industry in general.

6. FORM OF REQUEST

The requester must complete Form 2 (attached) and submit this form together with a request fee, to the head of the private body.

The form must be submitted to the head of the private body at his/ her electronic mail address.

The form must provide sufficient particulars to enable the head of the private body to identify the record/s requested and to identify the requester:

- Indicate which form of access is required,
- Specify a postal address or e-mail address of the requester in the Republic,
- Identify the right that the requester is seeking to exercise or protect, and provide an explanation of why the requested record is required for the exercise or protection of that right,
- If in addition to a written reply, the requester wishes to be informed of the decision on the request in any other manner, to state that manner and the necessary particulars to be informed in the other manner,
- If the request is made on behalf of another person, to submit proof of the capacity in which the requester is making the request, to the reasonable satisfaction of the head of the private body.

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 is available on the website of the SOUTH AFRICAN HUMAN RIGHTS COMMISSION at www.sahrc.org.za.

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">PARTICULARS OF RECORD REQUESTED</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">TYPE OF RECORD</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			

FORM OF ACCESS <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	

MANNER OF ACCESS <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>	

PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED <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

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