

SECTION 51 MANUAL FOR DT DEBT COUNSELLING T/A DOCTOR DEBT (2007/244431/23)

INFORMATION REQUIRED UNDER SECTION 51(1)(a) OF THE ACT

Postal Address of head of DT DEBT COUNSELLING T/A DOCTOR DEBT:

PO Box 40383 Shelly Beach KwaZulu Natal 4265

Physical Address of head of DT DEBT COUNSELLING T/A DOCTOR DEBT:

718 Marine Drive Shelly Beach KwaZulu Natal 4265

Tel. No of head of DT DEBT COUNSELLING T/A DOCTOR DEBT:

0393157654

Fax. No of head of DT DEBT COUNSELLING T/A DOCTOR DEBT:

0399761518

Email address of head of DT DEBT COUNSELLING T/A DOCTOR DEBT:

accounts@doctordebt.co.za

DESCRIPTION OF GUIDE REFERRED TO IN SECTION 10: SECTION 51(1)(b)

A guide has been compiled in terms of Section 10 of PAIA by **DT DEBT COUNSELLING T/A DOCTOR DEBT**. It contains information required by a person wishing to exercise any right, contemplated by PAIA.

This Guide is available for inspection, inter alia, at the office of the offices of **DT DEBT COUNSELLING T/A DOCTOR DEBT** at the physical address above and at the SAHRC.

THE LATEST NOTICE IN TERMS OF SECTION 52(2) (IF ANY):

At this stage no notice(s) has/have been published on the categories of records that are automatically available without a person having to request access in terms of PAIA.

ACTS AND OTHER LEGISLATION HELD AT PHYSICAL ADDRESS BY DT DEBT COUNSELLING T/A DOCTOR DEBT

Basic Conditions of Employment 75 of 1997

Consumer Protection Act 68 of 2008

Debtor Collectors Act 114 of 1998

National Credit Act 34 of 2005

SUBJECTS AND CATEGORIES OF RECORDS HELD AT PHYSICAL ADDRESS BY DT DEBT COUNSELLING T/A DOCTOR DEBT

- Attendance registers
- Correspondence
- Founding Documents
- Licences (categories)
- Minutes of Management Meetings
- Minutes of Staff Meetings
- Shareholder Register
- Statutory Returns
- Conditions of Service
- Employee Records
- Employment Contracts
- Employment Equity Records
- General Correspondence
- Industrial and Labour Relations Records
- Information relating to Health and Safety Regulations

- Performance Appraisals
- Personnel Guidelines, Policies and Procedures
- Remuneration Records and Policies
- Salary Surveys
- Skills Requirements
- Staff Recruitment Policies
- Statutory Records
- Training Records
- Brochures on Company Information
- Client and Customer Registry
- Contracts
- Information relating to Employee Sales Performance
- Information relating to Work-In-Progress
- Marketing and Future Strategies
- Marketing Records
- Production Records
- Sales Records
- Suppliers Registry
- Annual Financial Statements
- Asset Register
- Banking Records
- Budgets
- Financial Transactions
- Insurance Information
- Internal Audit Records
- Management Accounts
- Purchase and Order Information
- Stock Records
- Tax Records (company and employee)
- IT Policies and Procedures
- Network Diagrams
- User Manuals

DETAIL ON HOW TO MAKE A REQUEST FOR ACCESS - SECTION 51(e)

- The requester must complete Form B 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 address, fax number
- or email 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 fax number of the request in the Republic
 - identify the right that the requester is seeking to exercise or protect
 - provide an explanation of why the requested record is required for the exercise or protection of that right
 - 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 the 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 capacity in which the requester is making the request, to the reasonable satisfaction of the head of the private body.

FORM B

**REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY
(Section 53(1) of the Promotion of Access to Information Act, 2000
(Act No. 2 of 2000)**

[Regulation 10]

A. Particulars of private body

The Head:

B. Particulars of person requesting access to the record

- a) The particulars of the person who requests access to the record must be given below.
- b) The address and/or fax number in the Republic to which the information is to be sent must be given.
- c) Proof of the capacity in which the request is made, if applicable, must be attached.

Full names and surname:

Identity number:

Postal address:

Fax number:

Telephone number:

E-mail address:

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

C. Particulars of person on 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:

Identity number:

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 record or relevant part of the record:

2. Reference number, if available:

3. Any further particulars of record:

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 required to be paid as the request fee.
- 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 for exemption from payment of fees:

F. Form of access to 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: Form in which record is required	Form in which record is required:
Mark the appropriate box with an X.	
NOTES:	
a) Compliance with your request in the specified form may depend 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 for the record, if any, will be determined partly by the form in which access is requested.	

1. If the record is in written or printed form:			
	copy of record*		inspection of record
2. If record consists of visual images this includes photographs, slides, video recordings, computer-generated images, sketches, etc)			
	view the images	copy of the images"	transcription of the images*
3. If record consists of recorded words or information which can be reproduced in sound:			
	listen to the soundtrack audio cassette		transcription of soundtrack* written or printed document
4. If record is held on computer or in an electronic or machine-readable form:			
	printed copy of record*	printed copy of information derived from the record"	copy in computer readable form* (stiffy or 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? Postage is payable.			YES
			NO

G Particulars of right to be exercised or protected

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. Indicate which right is to be exercised or protected:
2. Explain why the record requested is required for the exercise or protection of the aforementioned right:

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 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?

Signed at..... This..... day of20

SIGNATURE OF REQUESTER /
PERSON ON WHOSE BEHALF REQUEST IS MADE