



OBPI INCUBATOR (NPC)

# PAIA Manual

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This manual has been prepared in terms of the section 51 of the Promotion of Access to Information Act 2 of 2000 and to address the requirements of the Protection of Personal Information Act 4 of 2013.































**ANNEXURE A**

**FORM 1**

**REQUEST FOR A COPY OF THE GUIDE**

[Regulations 3]

**TO:** The Information Officer

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I,

Full Names:				
In my capacity as ( <i>mark with "X"</i> ):	Information Officer:		Other:	
Name of Public/Private Body (if applicable):				
Postal Address:				
Street Address:				
E-mail Address:				
Facsimile:				
Contact Numbers:	Tel. (B):		Cellular:	

Hereby request the following copy(ies) of the Guide:

Language ( <i>mark with "X"</i> ):	No of Copies	Language ( <i>mark with "X"</i> ):	No of Copies
Sepedi		Sesotho	
Setswana		siSwati	
Tshivenda		Xitsonga	
Afrikaans		English	
isiNdebele		isiXhosa	
isiZulu			

Manner of Collection (*mark with "X"*):

Personal Collection	Postal Address	Facsimile	Electronic Communication (Please Specify)

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

\_\_\_\_\_  
**Signature of Requester**



**ANNEXURE B**

**FORM 2**

**REQUEST FOR ACCESS TO RECORD**

[Regulations 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

<b>PERSONAL INFORMATION</b>			
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):		Facsimile:
	Cellular:		
Full Name 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:			

**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:	
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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 the 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>FEEES</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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>			

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 OFFICAL 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 C**

**FORM 1**

**OBJECTION TO THE PROCESSING OF PERSONAL INFORMATION  
IN TERMS OF SECTION 11(3) OF THE  
PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)**

**REGULATIONS RELATING TO THE  
PROTECTION OF PERSONAL INFORMATION, 2017  
[Regulation 2(1)]**

**Note:**

- 1. *Affidavits or other documentary evidence in support of the objection must be attached.*
- 2. *If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.*

Reference Number \_\_\_\_\_

<b>DETAILS OF DATA SUBJECT</b>	
Name and Surname of Data Subject	
Residential, postal or business address	
Contact number(s)	
Fax number:	
E-mail address:	

<b>DETAILS OF RESPONSIBLE PARTY</b>	
Name and Surname of Responsible Party (if the Responsible Party is a natural):	
Residential, postal or business address	

Contact number(s)	
Fax number:	
E-mail address:	
Name of Public Body or Private Body (if Responsible Party not a natural person):	
Business address:	
	Code ( )
Contact number(s):	
Fax number:	
e-mail address:	

<p><b>REASONS FOR OBJECTION</b>  <i>(Please provide detailed reasons for the objection)</i></p>

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

\_\_\_\_\_  
**Signature of Data Subject (Applicant)**

## ANNEXURE D

### FORM 2

**REQUEST FOR CORRECTION OR DELETION OF PERSONAL INFORMATION OR  
DESTROYING OR DELETION OF RECORD OF PERSONAL INFORMATION IN TERMS  
OF SECTION 24(1) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013  
(ACT NO.4 OF 2013)**

**REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION,  
2017**

[Regulation 3(2)]

**NOTE:**

1. *Affidavits or other documentary evidence in support of the request must be attached.*
2. *If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.*

Reference Number \_\_\_\_\_

Mark the appropriate box with an "x"

**1. Request For:**

Correction or deletion of personal information about the data subject which is in possession or under the control of the responsible party.

Destroying or deletion of a record of personal information about the data subject which is in possession or under the control of the responsible party and who is no longer authorized to retain the record of information.

<b>DETAILS OF DATA SUBJECT</b>	
Name and Surname of Data Subject	
Residential, postal or business address	
Contact number(s)	
Fax number:	
E-mail address:	

<b>DETAILS OF RESPONSIBLE PARTY</b>	
Name and Surname of Responsible Party (if the Responsible Party is a natural):	
Residential, postal or business address	
Contact number(s)	
Fax number:	
E-mail address:	
Name of Public Body or Private Body (if Responsible Party not a natural person):	
Business address:	





**ANNEXURE E**

**FORM 3**

**OUTCOME OF REQUEST AND OF FEES PAYABLE**  
[Regulation 8]

- 1. *If your request is granted –*
  - (a) *Amount of the deposit, if any, is payable before your request is processed; and 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

<p>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.</p> <p>If you then require any form of reproduction of the information, you will be liable for the fees in Annexure B</p>	
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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 or 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 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:

**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	R40.00		
(ii) Compact disc			
• If provided by requestor	R40.00		
• If provided to the requestor	R60.00		
For a transcription of visual images per A4-size page	Service to be outsourced. Will		
	depend on the quotation of the		
Copy of visual images	service provider		
Transcription of an audio record, per A4-size	R24.00		
Copy of an audio record			
(i) Flash drive			

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

**1. Deposit payable (if search exceeds six hours):**

Yes

No

Hours of search		Amount of deposit <i>(calculated on one third of total amount per request)</i>	
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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