



MANUAL PREPARED IN TERMS OF SECTION 51 OF THE PROMOTION OF ACCESS TO INFORMATION ACT, NO 2 OF 2000

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1. INTRODUCTION TO CAPTA

CAPTA is a financial services group and consists of different business divisions. Collectively, these divisions provide financial and estate planning, short-term and long-term insurance, asset management, collective investments, and other financial services to their clients.

This manual is applicable to the entire CAPTA Group which comprises of the following entities, who are all subsidiaries of CAPTA Holdings (Pty) Ltd:

- CAPTA Wealth (Pty) Ltd
- CAPTA Forex (Pty) Ltd
- CAPTA Fiduciary (Pty) Ltd
- Capta Invest (Pty) Ltd
- Pin Oak Capital (Pty) Ltd

The Board of Directors of the CAPTA Group have instructed the Compliance Department to attend to all matters relating to this Act.

2. PARTICULARS OF THE SECTION 51 MANUAL

This manual has been compiled in accordance with the Promotion of Access to Information Act, No 2 of 2000.

3. CONTACT DETAILS

The CAPTA Group will deal with all requests relating to any of the entities.

The Directors of CAPTA are the designated Information Officers.

The contact details of the Information Officers are as follows:

CAPTA Wealth (Pty) Ltd
Farrell Mitchell
Tel: 011 568 4461
E-mail: farrell.mitchell@captawealth.com

CAPTA Forex (Pty) Ltd
Christopher van der Berg
Tel: 011 568 4446
E-mail: christopher@captafx.com

CAPTA Fiduciary (Pty) Ltd
David Eardley
Tel: 011 568 4461
E-mail: david@captafiduciary.co.za



Capta Invest (Pty) Ltd
Sean Aereboe
Tel: 010 006 5628
E-mail: david@captawealth.com

Pin Oak Capital (Pty) Ltd
Neale Lucas-Bull
Tel: 011 568 4461
E-mail: neale@pinoakcap.co.za

All the above Information Officers have delegated their powers in terms of section 56 of POPIA and in terms of section 17 of PAIA to the following Deputy Information Officers:

David Eardley Tel: 011 568 4461 E-mail: david@captawealth.com	Natalie Clayton Tel: 011 568 4461 E-mail: natalie@captawealth.com
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Requests for information and access to records not readily available, may be made by contacting any of the Deputy Information Officers.

Information Officers and Deputy Information Officers share the same physical and postal addresses as below:

Physical Address	Postal Address
Pin Oak House 2nd Floor, Bally Oaks Office Park Ballyclare Drive, Bryanston, Johannesburg, 2191	Postnet Suite 800, Private Bag X43, Sunninghill, Johannesburg, 2157

4. THE SECTION 10 GUIDE ON HOW TO USE THE ACT

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. 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.

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

5. TYPES OF RECORDS

a) RECORDS AVAILABLE IN TERMS OF APPLICABLE LEGISLATION

All records held by the CAPTA Group in terms of applicable legislation regarding any of the entities listed in this manual is available in accordance with the applicable legislation.

b) SCHEDULE OF RECORDS

<u>RECORDS</u>	<u>SUBJECT</u>	<u>AVAILABILITY</u>
Personnel records	<ul style="list-style-type: none">• Personnel records• Records provided by a third party relating to personnel• Conditions of employment and other employee contractual related and quasi-legal records• Internal and correspondence records• Training records	Request in terms of PAIA
Client related records	<ul style="list-style-type: none">• Records provided by a client to an intermediary• Third party records• Transactional records• Records generated by the third party	Request in terms of PAIA
Private body records	<ul style="list-style-type: none">• Financial records• Internal correspondence• Shareholder records	



Proprietary - Not available.

Request in terms of PAIA.

Request in terms of PAIA

- Incorporation records
- Compliance records
- Internal policies and procedures
- Databases
- Information technology
- Securities and equities

Records in the possession of or pertaining to other parties.

- Contractual records
- Supplier records
- Attorney records
- Auditor records
- Personnel, client or private body records which are held by another party
- Financial records

6. REQUEST INFORMATION

(a) FORM OF REQUEST

A "Request for Access to Record (Regulation 7)" Form 2 is used to request information either for your own personal information or on behalf of another person.

Note that you will not have to pay a request fee if you are requesting your own personal information.

Note that in this instance CAPTA is under no obligation to voluntarily grant access.

To request access to records held by CAPTA and/or any of the other CAPTA entities listed in this PAIA manual, the requester must do the following:

1. Use the prescribed **request form** as provided for in **Annexure A** of this manual.
2. Submit the request form to the attention of the Information Officer at the electronic email address as provided for under section 3 of this manual.
3. Provide sufficient details to enable CAPTA to identify:
 - (a) Personal information of the requester (and capacity if on behalf of)
 - (b) Particulars of the record(s) requested
 - (c) The type of record required
 - (d) The form of access required
 - (e) The manner of access
 - (f) Particulars of right to be exercised or protected



4. Before the request is granted, the requester must pay the *prescribed fees* as provided in Form 3; Outcome of Request & of Fees Payable in **Annexure B** of this manual. (Upon receipt of the Request form, the Information Officer will inform the requester of the fee due and payable).
5. Note that CAPTA will only process requests if the access requirements have been met.
6. An individual who because of illiteracy or a disability is unable to make a request for access to a record held by CAPTA, may make that request orally.

(b) REFUSAL OF ACCESS TO RECORDS

The grounds for refusal of access to records are (list is not exhaustive):

- Mandatory protection of privacy of third party who is natural person
- Mandatory protection of certain records of South African Revenue Service
- Mandatory protection of commercial information of third party
- Mandatory protection of certain confidential information, and protection of certain other confidential information, of third party
- Mandatory protection of safety of individuals, and protection of property
- Mandatory protection of police dockets in bail proceedings, and protection of law enforcement and legal proceedings
- Mandatory protection of records privileged from production in legal proceedings
- Defence, security, and international relations of Republic
- Economic interests and financial welfare of Republic and commercial activities of public bodies
- Mandatory protection of research information of third party, and protection of research information of public body
- Operations of public bodies
- Manifestly frivolous or vexatious requests, or substantial and unreasonable diversion of resources
- Mandatory disclosure in public interest



7. OUTCOME OF REQUEST AND OF FEES PAYABLE (Regulation 8)

Please refer to *Annexure B* of this manual for more information regarding the granting of requests and prescribed fees.

If your request is granted the-

7.1 amount of the deposit , (if any), is payable before your request is processed; and

7.2. requested record/portion of the record will only be released once proof of full payment is received.

8. AVAILABILITY OF THE MANUAL

The manual may be requested from our Deputy information Officers at the stipulated email address provided in section 3 above.

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	<input type="text"/>								
Identity Number	<input type="text"/>								
Capacity in which request is made <i>(when made on behalf of another person)</i>	<input type="text"/>								
Postal Address	<input type="text"/>								
Street Address	<input type="text"/>								
E-mail Address	<input type="text"/>								
Contact Numbers	<table border="1"> <tr> <td>Tel. (B):</td> <td><input type="text"/></td> <td>Facsimile:</td> <td><input type="text"/></td> </tr> <tr> <td>Cellular:</td> <td colspan="3"><input type="text"/></td> </tr> </table>	Tel. (B):	<input type="text"/>	Facsimile:	<input type="text"/>	Cellular:	<input type="text"/>		
	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> :	<input type="text"/>								
Identity Number	<input type="text"/>								
Postal Address	<input type="text"/>								

Street Address			
E-mail Address			
Contact Numbers	Tel. (B)		Facsimile
	Cellular		
PARTICULARS OF RECORD REQUESTED			
<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			
TYPE OF RECORD <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			

FORM OF ACCESS
(Mark the applicable box with an "X")

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
(Mark the applicable box with an "X")

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

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)	<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

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
 [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:

--

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		
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