



PROMOTION OF ACCESS TO INFORMATION ACT (“PAIA”) (ACT 2 OF 2000)

SECTION 51 MANUAL FOR

HISEC WEALTH AND FINANCIAL SERVICES (PTY) LTD

Introduction to Hisec Wealth and Financial Services (Pty) Ltd

This private body is an authorised financial services provider that provides financial advice and renders intermediary services to clients on financial products under a Financial Services Provider license issued in terms of the Financial Advisory and Intermediary Services Act, Act 37 of 2002.

PARTICULARS IN TERMS OF THE SECTION 51 MANUAL

1. Contact details

Name of business: Hisec Wealth and Financial Services (Pty) Ltd

Designated person / Information officer: Johannes Christian Pretorius (ID 5403015011084)

Street address: Unit 11, Coldstream Office Park, 2 Coldstream Street, Little Falls, 1724

Postal address: PO Box 334, Ruimsig, 1732

Telephone number: +27 11 958 0117

E-mail address: wealth@hisec.co.za

2. The section 10 Guide on how to use the Act.

The Guide is available from the South African Human Rights Commission. Please direct any queries to:

The South African Human Rights Commission
PAIA Unit
The Research and Documentation Department
Private Bag 2700
Houghton
2041

Telephone: 011 877 3600

Fax: 011 403 0625

Website: www.sahrc.org.za

E-mail: paia@sahrc.org.za





3. **Records available in terms of any other legislation**

Basic Conditions of Employment Act No. 75 of 1997
Collective Investments Schemes Control Act No. 45 of 2002
Companies Act No. 71 of 2008
Compensation for Occupational Injuries and Health Diseases Act No. 130 of 1993
Consumer Protection Act No. 68 of 2008
Employment Equity Act No.55 of 1998
Financial Advisory and Intermediary Services Act No. 37 of 2002
Financial Intelligence Centre Act No. 38 of 2001
Financial Institutions (Protection of Funds) Act No. 28 of 2001
Financial Services Board Act No. 97 of 1990
Financial Services Ombud Schemes Act No. 37 of 2004
Income Tax Act No. 58 of 1962
Insurance Laws Amendment Act No. 27 of 2008
Labour Relations Act No. 66 of 1995
Long-term Insurance Act No. 52 of 1998
Medical Schemes Act No. 131 of 1998
Occupational Health and Safety Act No. 85 of 1993
Pension Funds Act No. 24 of 1956
Prevention of Organised Crime Act No. 121 of 1998
Protection of Constitutional Democracy against Terrorist and Related Activities Act No. 33 of 2004
Skills Development Act No.97 of 1998
Skills Development Levies Act No. 9 of 1999
Unemployment Contributions Act No. 4 of 2002
Value Added Tax Act No. 89 of 1991

4. **Access to the records held**

- i. The latest notice regarding the categories of records, which are available without a person having to request access in terms of this Act in terms of section 52(2):

Not applicable. Some brochures, pamphlets and documents related to the business of the private body are available without cost.

- ii. Records that may be requested:

Administration:

- License of product categories
- Authorisations and Consents
- Applications
- General correspondence





Human Resources:

- Mandates
- Policies and procedures
- Training records – FICA / FAIS / POPIA / PAIA

Operations:

- Production records
- Compliance manual – FAIS / POPIA / PAIA
- Compliance reports
- Complaints procedures
- Contractual agreements with suppliers
- Procedures manual – FICA
- Records of advice
- Register of key individuals
- Register of representatives
- Register of non-compliance
- Record of continued compliance by representatives
- Compliance Officer Information

iii The request procedures:

Form of request: FORM 2 [REGULATION 7]

- The requester must use the prescribed form to make the request for access to a record. This must be made to the designated person / Information officer as indicated above. This request must be made to the address, fax number or electronic mail address.
- The requester must provide sufficient detail on the request form to enable the designated person / Information officer to identify the record and the requester. The requester should also indicate which form of access is required. The requester should also indicate if any other manner is to be used to inform the requester and state the necessary particulars to be so informed.
- The requester must identify the right that is sought to be exercised or to be protected and provide an explanation of why the requested record is required for the exercise or protection of that right.
- If a request is made on behalf of another person, the requester must then submit proof of the capacity in which the requester is making the request to the satisfaction of the designated person / Information officer.





Fees: FORM 2 [REGULATION 7]

- A requester who seeks access to a record containing personal information about that requester is not required to pay the request fee. Every other requester, who is not a personal requester, must pay the required request fee.
- The designated person / Information officer must notify the requester (other than a personal requester) by notice, requiring the requester to pay the prescribed fee (if any) before further processing the request.
- The fee that the requester must pay is R50-00. The requester may lodge an application to the court against the tender or payment of the request fee.
- After the designated person / Information officer has decided on the request, the requester must be notified in the required form.
- If the request is granted then a further access fee must be paid for the search, reproduction, preparation and for any time that has exceeded the prescribed hours to search and prepare the record for disclosure.

5. Other information as may be prescribed

The Minister of Justice and Constitutional Development has not made any regulations in this regard.

6. Availability of the PAIA manual

- The manual is available for inspection at our offices free of charge.
- Copies are also available with the **SAHRC**
- The Hisec Group website: <http://www.hisec.co.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:

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):		Facsimile: <input type="text"/>
	Cellular:		
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		
PARTICULARS OF RECORD REQUESTED			
<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			
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 (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)	
Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)	
Transcription of soundtrack (written or printed document)	
Copy of record on flash drive (including virtual images and soundtracks)	
Copy of record on compact disc drive (including virtual images and soundtracks)	
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 (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)	
Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed format (including transcriptions)	
E-mail of information (including soundtracks if possible)	
Cloud share/file transfer	
Preferred language (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)	

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:	

FEEES	
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

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

Signature of Information Officer