

# Section 51 Manual

Eazy Costing (Pty) Ltd (Registration/ID Number: 2014/073575/07)



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## Introduction

- ▶ Description of business or trade.

Cloud-Based Management Solution for Contractors

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# Company contact details

**i** Eazy Costing (Pty) Ltd

**Postal Address:** PO Box 2155 Clareinch, 7740 Cape Town

**Physical address:** 10 Sibyl Road Wetton, 7780 Cape Town

**Contact Number:** 0837033055

**Fax Number:**

**Email:** [gayo@eazycontracting.com](mailto:gayo@eazycontracting.com)

**Director (Managing)** Gayo Ludwig Primic

**Director** Richard Johannes Drinkrow

**Director** Jacobus Pretorius

# The Act

## ✿ The Promotion of Access to Information 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:

<b>Postal Address:</b>	Private Bag 2700, Houghton, 2041
<b>Telephone Number:</b>	+27-11-877 3600
<b>Fax Number:</b>	+27-11-403 0625
<b>Website:</b>	<a href="http://www.sahrc.org.za">www.sahrc.org.za</a>

# Applicable legislation

✓ Following are the laws that govern this business.

Companies Act, 2008

Consumer Protection Act, 2008

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# Schedule of records

☰ Following is a list of records held by this business.

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# Signature(s)


 Signed by duly authorized person(s).

DocuSigned by:  
*Gayo L Primie*  
CCDB2CFE3D944BB...

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# Form of request

 To facilitate the processing of your request, kindly:

1. Use the prescribed form, also available on the website of the SOUTH AFRICAN HUMAN RIGHTS COMMISSION at [www.sahrc.org.za](http://www.sahrc.org.za).
  2. Address your request to the Head of the Company (CEO).
  3. Provide sufficient details to enable the COMPANY to identify:
    - o The record(s) requested;
    - o The requester (and if an agent is lodging the request, proof of capacity);
    - o The form of access required;
      - The postal address or fax number of the requester in the Republic;
      - If the requester wishes to be informed of the decision in any manner (in addition to written) the manner and particulars thereof;
  4. The right which the requester is seeking to exercise or protect with an explanation of the reason the record is required to exercise or protect the right.
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# Prescribed fees

✓ The following applies to requests (other than personal requests):

1. A requestor is required to pay the prescribed fees (R50.00) before a request will be processed;
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);
3. A requestor may lodge an application with a court against the tender/payment of the request fee and/or deposit;
4. Records may be withheld until the fees have been paid.
5. The fee structure is available here (<http://www.sahrc.org.za/home/index.php?ipkContentID=28&ipkMenuID=48>) as well as on the website of the SOUTH AFRICAN HUMAN RIGHTS COMMISSION at [www.sahrc.org.za](http://www.sahrc.org.za).

# Form C

▶ REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

## 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:**

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**2. Reference number, if available:**

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**3. Any further particulars of record:**

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**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: \_\_\_\_\_

**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.

Indicate the form in which record is required by marking the appropriate box with an X.

**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:**

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**2. Explain why the record requested is required for the exercise or protection of the**

**aforementioned right:**

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### 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?

- Email:** \_\_\_\_\_
- Phone:** \_\_\_\_\_
- Post:** \_\_\_\_\_
- Other:** \_\_\_\_\_

**Signed at** ..... **This** ..... **day of** ..... **20** .....

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SIGNATURE OF REQUESTER / PERSON ON WHOSE BEHALF REQUEST IS MADE