

# PAIA MANUAL

Glensburg (Pty) Ltd

PREPARED IN TERMS OF SECTION 51 OF THE PROMOTION OF  
ACCESS TO INFORMATION ACT, 2 OF 2000 (“PAIA”)

**Glensburg**<sup>TM</sup>

# PAIA MANUAL

## FOR GLENSBURG PTY LTD

**PREPARED IN TERMS OF SECTION 51 OF THE PROMOTION OF ACCESS TO INFORMATION ACT, 2 OF 2000 ("PAIA") AND THE PROTECTION OF PERSONAL INFORMATION ACT, 4 OF 2013 ("POPIA")**

**Date of Compilation:** 21 January 2026

**Version:** 1.0

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## 1. INTRODUCTION

### 1.1. About Glensburg

Glensburg (Pty) Ltd ("Glensburg") is a specialist town planning and urban development consultancy established in the Republic of South Africa. We provide professional land use management, strategic spatial planning, and development advisory services to private landowners, corporate developers, and the public sector. Furthermore, Glensburg operates the Glensburg Cities Institute, a dedicated research unit focused on urban policy analysis and thought leadership.

In the ordinary course of our professional operations, dealing with land rights, submitting applications to municipal authorities, and managing sensitive client data, Glensburg recognizes the vital importance of operating with transparency, accountability, and respect for data privacy.

### 1.2. Purpose of this Manual

This Manual has been compiled to comply with Section 51 of the Promotion of Access to Information Act, No. 2 of 2000 ("PAIA"). The purpose of PAIA is to give effect to the constitutional right of access to any information held by the State, and any information that is held by another person and that is required for the exercise or protection of any rights.

The purpose of this Manual is to facilitate requests for access to records held by Glensburg. It informs the public about the categories of records we hold, how to request access to those records, and the grounds upon which access may be refused.

Furthermore, this Manual serves to demonstrate Glensburg's commitment to compliance with the Protection of Personal Information Act, No. 4 of 2013 ("POPIA"), by outlining how we process and safeguard personal information within our consultancy and research operations.

## 2. LIST OF ACRONYMS AND ABBREVIATIONS

- “CEO”: Chief Executive Officer
- “IO”: Information Officer
- “PAIA”: Promotion of Access to Information Act No. 2 of 2000 (as Amended)
- “POPIA”: Protection of Personal Information Act No. 4 of 2013
- “Regulator”: The Information Regulator (South Africa)
- “Republic”: Republic of South Africa

## 3. KEY CONTACT DETAILS FOR ACCESS TO INFORMATION

### 3.1. Chief Executive Officer

- Name: Mr. A Muzenda
- Email: [legal@glbsburg.co.za](mailto:legal@glbsburg.co.za)

### 3.2. Information Officer

The Director has appointed an Information Officer to oversee the functions and responsibilities of as required for within the Act and POPIA.

- Name: Mrs. M. Mary
- Physical Address: 35 Fricker Road, Illovo, Sandton, Johannesburg, 2196
- Postal Address: 35 Fricker Road, Illovo, Sandton, Johannesburg, 2196
- Telephone: +27 68 012 0123
- Email: [legal@glbsburg.co.za](mailto:legal@glbsburg.co.za)

### 3.3. Access to Records

All requests for access to records must be directed to the Information Officer at the address listed above.

## 4. GUIDE ON HOW TO USE PAIA AND HOW TO OBTAIN ACCESS TO THE GUIDE

The Regulator has, in terms of section 10(1) of PAIA, as amended, updated and made available the revised Guide on how to use PAIA, in an easily comprehensible form and manner, as may reasonably be required by a person who wishes to exercise any right contemplated in PAIA and POPIA.

The Guide is available in each of the official languages and in braille.

Members of the public can inspect or make copies of the Guide from the offices of the public and private bodies, including the office of the Regulator, during normal working hours.

The Guide can also be obtained:

- Upon request to the Information Officer.
- From the website of the Regulator (<https://inforegulator.org.za/>).

### 5. CATEGORIES OF RECORDS OF GLENSBURG WHICH ARE AVAILABLE WITHOUT A PERSON HAVING TO REQUEST ACCESS

Glensburg is committed to transparency. The following records are automatically available to any person without the need to submit a formal PAIA request form. These records may be inspected, purchased, or copied at the offices of Glensburg or accessed via our website:

- **Corporate Information:** Public service capability statements and company profiles.
- **Research and Publications:** All policy papers, urban analysis articles, maps, and reports published under the Glensburg Cities Institute.
- **Marketing Material:** Brochures, newsletters, and standard pricing guides (where such pricing is public).
- **Compliance Documents:** This PAIA Manual and the Glensburg Privacy Policy.

### 6. DESCRIPTION OF THE RECORDS OF GLENSBURG WHICH ARE AVAILABLE IN ACCORDANCE WITH ANY OTHER LEGISLATION

Where applicable to its operations, Glensburg retains records and documents in accordance with the requirements of the following legislation (please note that this is not an exhaustive list):

- Companies Act 71 of 2008
- Spatial Planning and Land Use Management Act 16 of 2013 (SPLUMA)
- Planning Profession Act 36 of 2002
- Income Tax Act 58 of 1962
- Value Added Tax Act 89 of 1991
- Labour Relations Act 66 of 1995
- Basic Conditions of Employment Act 75 of 1997
- Electronic Communications and Transactions Act 25 of 2002
- Protection of Personal Information Act 4 of 2013
- Financial Intelligence Centre Act 38 of 2001

### 7. DESCRIPTION OF THE SUBJECTS ON WHICH THE BODY HOLDS RECORDS AND CATEGORIES OF RECORDS HELD ON EACH SUBJECT

Glensburg maintains records on the following subjects. Please note that recording a category or subject matter in this Manual does not imply that a request for access to such records would be granted. All requests for access will be evaluated in accordance with the provisions of PAIA.

### 7.1. Operational & Client Records

- **Town Planning Applications:** This includes full application documents that include Rezoning, Subdivision and Consolidation, Consent Use, and Township Establishment submissions.
- **Property Documentation:** Zoning Certificates, Title Deeds, Surveyor General Diagrams, and Mandates.
- **Regulatory Correspondence:** Records of correspondence with Municipalities, Provincial Government departments, and State-Owned Entities regarding land use matters.
- **Technical Drawings:** Site Development Plans (SDPs), architectural layouts, and spatial maps.

### 7.2. Financial Records

- **Statutory Reporting:** Annual Financial Statements (private), Management Accounts, and Tax Returns (Provisional, Income Tax, VAT).
- **Transactional Records:** Asset Registers, Banking Records, Invoices, and Quotations.

### 7.3. Human Resources Records

- **Employee Records:** Employment Contracts, Disciplinary Records, Performance Appraisals, and Leave Records.
- **Payroll:** PAYE, UIF, and Skills Development Levy (SDL) returns.

## 8. PROCESSING OF PERSONAL INFORMATION

### 8.1. Purpose of Processing Personal Information

Glensburg processes personal information primarily to execute professional mandates entrusted to it by clients. This includes the preparation and submission of land use applications to local authorities, which legally requires the disclosure of property ownership details. Furthermore, processing is conducted for billing, staff administration, compliance with FICA and Tax laws, and the dissemination of research via the Glensburg Cities Institute.

### 8.2. Description of the Categories of Data Subjects and of the Information or Categories of Information Relating Thereto

Categories of Data Subjects	Personal Information that may be Processed
Clients (Property Owners)	Names, Registration Numbers, Identity Numbers, Physical Addresses, Title Deed information, Banking details.
Employees	Names, ID Numbers, Tax Numbers, Banking details, Qualifications, Gender, Race.
Service Providers	Company Registration details, VAT numbers, Contact details, Bank details.

### 8.3. The Recipients or Categories of Recipients to Whom the Personal Information may be Supplied

Category of Personal Information	Recipients or Categories of Recipients
<b>Client Property Data</b>	Municipalities (e.g., City of Johannesburg), The Deeds Office, Surveyor General.
<b>Employee Data</b>	South African Revenue Service (SARS), Department of Labour.
<b>General Business Data</b>	Auditors, IT service providers (cloud storage), and sub-consultants.

### 8.4. Planned Transborder Flows of Personal Information

Glensburg utilizes reputable enterprise-grade cloud storage solutions (including but not limited to Google Workspace and Microsoft Azure) to store data. While data may be hosted on servers situated outside the Republic of South Africa, Glensburg ensures that the recipient countries have data privacy laws substantially similar to POPIA or that binding corporate rules are in place.

### 8.5. General Description of Information Security Measures

Glensburg employs appropriate technical and organisational measures to secure the integrity and confidentiality of personal information. These include firewalls, anti-malware software, access control to physical offices, password protection, and multi-factor authentication for digital systems.

## 9. PROCEDURE FOR OBTAINING ACCESS TO INFORMATION

### 9.1. Completion of Prescribed Form

A request for access to information must be made in the prescribed form (Form 2) to the Information Officer indicated above.

### 9.2. Submission of Request

The requester must provide sufficient detail on the request form to enable the Information Officer to identify the record and the requester. The requester must indicate which form of access is required and specify a postal address or email address in the Republic. The requester must state the right that is to be exercised or protected and provide an explanation of why the requested record is required for the exercise or protection of that right.

### 9.3. Payment of Fees

- **Request Fee:** A requester who seeks access to a record containing personal information about that requester is not required to pay a request fee. Every other requester must pay the required request fee.
- **Access Fee:** If the request is granted, an access fee must be paid for the search, reproduction, and preparation of the record.

- **Deposit:** If the search for the record requires more than six hours of preparation, a deposit of one-third of the access fee is payable.

### 9.4. Decision

Glensburg will, within 30 (thirty) days of receipt of the request, decide whether to grant or decline the request and give notice with reasons (if required) to that effect.

## 10. GROUNDS FOR REFUSAL OF ACCESS

Access may be refused by Glensburg in terms of PAIA if the information:

- Involves unreasonable disclosure of personal or confidential information.
- Is legally privileged
- Could harm the commercial or financial interests of the Company or third parties.
- Is protected under legislation or agreements
- Would endanger individual safety or property.
- Is frivolous or vexatious.

## 11. AVAILABILITY OF THE MANUAL

A copy of this Manual is available:

- On the Glensburg website ([www.glensburg.co.za](http://www.glensburg.co.za)).
- At the offices of Glensburg for public inspection during normal business hours.

To the Information Regulator upon request.

## 12. UPDATING OF THE MANUAL

The Information Officer of Glensburg will on a regular basis update this manual.

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**SIGNED AT ILOVO ON THIS 21<sup>st</sup> DAY OF JANUARY 2026**

**INFORMATION OFFICER – GLENSBURG (PTY) LTD**

## 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

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(Address)

E-mail address:

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Fax number:

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*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 (when made on behalf of another person)			
Postal Address			
Street Address			
E-mail Address			
Contact Numbers	Tel. (B):		Facsimile:
	Cellular:		
Full names of person on whose behalf request is made (if applicable):			
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	
Any further particulars of record	

#### **TYPE OF RECORD** *(Mark the applicable box with an "X")*

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 (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:	

<b>FEES</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	

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:

<b>Postal address</b>	<b>Facsimile</b>	<b>Electronic communication (Please specify)</b>

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***



# INFORMATION REGULATOR (SOUTH AFRICA)

*Ensuring protection of your personal information  
and effective access to information*

Address: JD House, 27 Stiemens Street  
Braamfontein, Johannesburg, 2001  
P.O. Box 31533  
Braamfontein, Johannesburg, 2017  
Tel: 010 023 5200  
Email:[PAIACompliance@infoRegulator.org.za](mailto:PAIACompliance@infoRegulator.org.za)

## REQUEST FOR A COPY OF THE GUIDE

### FORM 1

#### [Regulation 2]

I,

Full names:			
In my capacity as (mark with "x"):	Information officer	Other	
Name of *public/private body ( <i>if applicable</i> )			
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
<input type="checkbox"/> Sepedi		<input type="checkbox"/> Sesotho	
<input type="checkbox"/> Setswana		<input type="checkbox"/> siSwati	
<input type="checkbox"/> Tshivenda		<input type="checkbox"/> Xitsonga	
<input type="checkbox"/> Afrikaans		<input type="checkbox"/> English	
<input type="checkbox"/> isiNdebele		<input type="checkbox"/> isiXhosa	
<input type="checkbox"/> 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

**FORM 1****REQUEST FOR A COPY OF THE GUIDE**

[Regulations 3]

**TO:** The Information Officer

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I,

Full names:				
In my capacity as (mark with "x"):	Information officer		Other	
Name of *public/private body ( <i>if applicable</i> )				
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

**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: (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)	

Kindly note that your request has been:

Approved

Denied, for the following reasons:

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**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		
<b>TOTAL:</b>			

**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)	
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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

# INTERNAL APPEAL FORM

## FORM 4

[Regulation 9]

**Reference Number:** .....

<b>PARTICULARS OF PUBLIC BODY</b>				
Name of Public Body				
Name and Surname of Information Officer:				
<b>PARTICULARS OF COMPLAINANT WHO LODGES THE INTERNAL APPEAL</b>				
Full Names				
Identity Number				
Postal Address				
Contact Numbers	Tel. (B)		Facsimile	
	Cellular			
E-Mail Address				
Is the internal appeal lodged on behalf of another person?		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If answer is "yes", capacity in which an internal appeal on behalf of another person is lodged: ( <i>Proof of the capacity in which appeal is lodged, if applicable, must be attached.</i> )				
<b>PARTICULARS OF PERSON ON WHOSE BEHALF THE INTERNAL APPEAL IS LODGED</b> <i>(If lodged by a third party)</i>				
Full Names				
Identity Number				
Postal Address				
Contact Numbers	Tel. (B)		Facsimile	
	Cellular			
E-Mail Address				

**DECISION AGAINST WHICH THE INTERNAL APPEAL IS LODGED***(mark the appropriate box with an "X")*

Refusal of request for access	<input type="checkbox"/>
Decision regarding fees prescribed in terms of section 22 of the Act	<input type="checkbox"/>
Decision regarding the extension of the period within which the request must be dealt with in terms of section 26(1) of the Act	<input type="checkbox"/>
Decision in terms of section 29(3) of the Act to refuse access in the form requested by the requester	<input type="checkbox"/>
Decision to grant request for access	<input type="checkbox"/>

**GROUNDS FOR APPEAL***(If the provided space is inadequate, please continue on a separate page and attach it to this form. all the additional pages must be signed)*

State the grounds on which the internal appeal is based:	
State any other information that may be relevant in considering the appeal:	

You will be notified in writing of the decision on your internal appeal. Please indicate your preferred manner of notification:

Postal address	Facsimile	Electronic communication <i>(Please specify)</i>

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

**Signature of Appellant/Third party**

**FOR OFFICIAL USE**  
**OFFICIAL RECORD OF INTERNAL APPEAL**

Appeal received by: <i>(state rank, name and surname of Information Officer)</i>			
Date received:			
Appeal accompanied by the reasons for the information officer's decision and, where applicable, the particulars of any third party to whom or which the record relates, submitted by the information officer:			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>OUTCOME OF APPEAL</b>			
Refusal of request for access. Confirmed?	Yes	<input type="checkbox"/>	New decision <i>(if not confirmed)</i>
	No	<input type="checkbox"/>	
Fees (Sec 22). Confirmed?	Yes	<input type="checkbox"/>	New decision <i>(if not confirmed)</i>
	No	<input type="checkbox"/>	
Extension (Sec 26(1)). Confirmed?	Yes	<input type="checkbox"/>	New decision <i>(if not confirmed)</i>
	No	<input type="checkbox"/>	
Access (Sec 29(3)). Confirmed?	Yes	<input type="checkbox"/>	New decision <i>(if not confirmed)</i>
	No	<input type="checkbox"/>	
Request for access granted. Confirmed?	Yes	<input type="checkbox"/>	New decision <i>(if not confirmed)</i>
	No	<input type="checkbox"/>	

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

***Relevant Authority***



# INFORMATION REGULATOR (SOUTH AFRICA)

Ensuring protection of your personal information  
and effective access to information

Address: JD House, 27 Stiemens Street  
Braamfontein, Johannesburg, 2001  
P.O. Box 31533  
Braamfontein, Johannesburg, 2017  
Tel: 010 023 5200  
Email: [PAIAComplaints@infoRegulator.org.za](mailto:PAIAComplaints@infoRegulator.org.za)

## COMPLAINT FORM

### FORM 5 [Regulation 10]

**NOTE:**

1. This form is designed to assist the Requester or Third Party (hereinafter referred to as "the Complainant") in requesting a review of a Public or Private Body's response or non-response to a request for access to records under the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000) ("PAIA"). Please fill out this form and send it to the following email address: [PAIAComplaints@infoRegulator.org.za](mailto:PAIAComplaints@infoRegulator.org.za) or complete online complaint form available at <https://www.justice.gov.za/inforeg/>.
2. PAIA gives a member of the public a right to file a complaint with the Information Regulator about any of the nature of complaints detailed in part F of this complaint form.
3. It is the policy of the Information Regulator to defer investigating or to reject a complaint if the Complainant has not first given the public or private body (herein after referred to as "the Body") an opportunity to respond to and attempt to resolve the issue. To help the Body address your concerns prior to approaching the Information Regulator, you are required to complete the prescribed **PAIA Form 2** and submit it to the Body.
4. A copy of this Form will be provided to the Body that is the subject of your complaint. The information you provide on this form, attached to this form or that you supply later, will only be used to attempt to resolve your dispute, unless otherwise stated herein.
5. The Information Regulator will only accept your complaint once you confirm having complied with the prerequisites below.
6. **Please attach copies of the following documents, if you have them:**
  - a. Copy of the form to the Body requesting access to records;
  - b. The Body's response to your complaint or access request;
  - c. Any other correspondence between you and the Body regarding your request;
  - d. Copy of the appeal form, if your complaint relate to a public body;
  - e. The Body's response to your appeal;
  - f. Any other correspondence between you and the Body regarding your appeal;
  - g. Documentation authorizing you to act on behalf of another person (if applicable);
  - h. Court Order or Court documents relevant to your complaint, if any.
7. If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.

### CAPACITY OF PERSON/PARTY LODGING A COMPLAINT (Mark with an "X")

Complainant Personally

Representative of Complainant

Third Party

### PREREQUISITES

Did you submit request (PAIA form) for access to record of a public/private body?	Yes		No	
Has 30 days lapsed from the date on which you submitted your PAIA form?	Yes		No	
Did you exhaust all the internal appeal procedure against a decision of the Information officer of a public body?	Yes		No	
Have you applied to Court for appropriate relief regarding this matter?	Yes		No	

<b>FOR INFORMATION REGULATOR'S USE ONLY</b>			
Received by: (Full names)			
Position			
Signature			
Complaint accepted	Yes	<input type="checkbox"/>	No
Reference Number			
Date stamp			

Postal address	Facsimile	Other electronic communication (Please specify)

**PART A**  
**PERSONAL INFORMATION OF COMPLAINANT**

Full Names			
Identity Number			
Postal Address			
Street Address			
E-Mail Address			
Contact numbers	Tel. (B)		Facsimile
	Cellular		

**PART B**  
**REPRESENTATIVE INFORMATION**

*(Complete only if you will be represented. A Power of Attorney must be attached if complainant is represented, failing which the complaint will be rejected)*

Full Names of Representative			
Nature of representation			
Identity Number / Registration Number			
Postal Address			
Street Address			
E-mail Address			
Contact Numbers	Tel. (B)		Facsimile
	Cellular		

**PART C**  
**THIRD PARTY INFORMATION**  
*(Please attach letter of authorisation)*

Type of Body	Private	<input type="checkbox"/>	Public	<input type="checkbox"/>
Name of Public / Private Body				
Registration Number (if any)				
Name, Surname and Title of person authorised to lodge a complaint				
Postal Address				
Street Address				
E-mail Address				

Contact Numbers	Tel. (B):		Facsimile	
	Cellular			

**PART D**  
**BODY AGAINST WHICH THE COMPLAINT IS LODGED**

Type of body	Private	<input type="checkbox"/>	Public	<input type="checkbox"/>
Name of public / private body				
Registration number (if any)				
Name, surname and title of person you dealt with at the public or private body to try to resolve your complaint or request for access to information				
Postal Address				
Street Address				
E-mail Address				
Contact Numbers	Tel. (B):		Facsimile	
	Cellular			
Reference Number given (if any)				

**PART E**  
**COMPLAINT**

*Tell us about the steps you have taken to try to resolve your complaint (Complaints should first be submitted directly to the public or private body for response and possible resolution)*

Date on which request for access to records submitted.				
Please specify the nature of the right(s) to be exercised or protected, if a complaint is against a private body.				
Have you attempted to resolve the matter with the organisation?	Yes		No	
If yes, when did you receive it? (Please attach the letter to this application.)				
Did you appeal against a decision of the information officer of the public body?	Yes		No	
If yes, when did you lodge an appeal?				
Have you applied to Court for appropriate relief regarding this matter?	Yes		No	
If yes, please indicate when was the matter adjudicated by the Court? Please attach Court Order, if there is any.				

**PART F**  
**DETAILED TYPE OF ACCESS TO RECORDS**

*(Please select one or more of the following to describe your complaint to the Information Regulator)*

Unsuccessful appeal (Section 77A(2)(a) or section 77A(3)(a) of PAIA)	<i>I have appealed against the decision of the public body and the appeal is unsuccessful.</i>	<input type="checkbox"/>
Unsuccessful application for condonation (Sections 77A(2)(b) and 75(2) of PAIA)	<i>I filed my appeal against the decision of the public body late and applied for condonation. The condonation application was dismissed.</i>	<input type="checkbox"/>

Refusal of a request for access (Section 77A(2)(c)(i) or 77A(2)(d)(i) or 77A(3)(b) of PAIA)	<i>I requested access to information held by a body and that request was refused or partially refused.</i>	<input type="checkbox"/>
The body requires me to pay a fee and I feel it is excessive (Sections 22 or 54 of PAIA)	<i>Tender or payment of the prescribed fee.</i>	<input type="checkbox"/>
	<i>The tender or payment of a deposit.</i>	<input type="checkbox"/>
Repayment of the deposit (Section 22(4) of PAIA)	<i>The information officer refused to repay a deposit paid in respect of a request for access which is refused.</i>	<input type="checkbox"/>
Disagree with time extension (Sections 26 or 57 of PAIA)	<i>The body decided to extend the time limit for responding to my request, and I disagree with the requested time limit extension or a time extension taken to respond to my access request.</i>	<input type="checkbox"/>
Form of access denied (Section 29(3) or 60(a) of PAIA)	<i>I requested access in a particular and reasonable form and such form of access was refused.</i>	<input type="checkbox"/>
Deemed refusal (Section 27 or 58 of PAIA)	<i>It is more than 30 days since I made my request and I have not received a decision.</i>	<input type="checkbox"/>
	<i>Extension period has expired and no response was received.</i>	<input type="checkbox"/>
Inappropriate disclosure of a record (Mandatory grounds for refusal of access to record)	<i>Records (that are subject to the grounds for refusal of access) have inappropriately/unreasonable been disclosed.</i>	<input type="checkbox"/>
No adequate reasons for the refusal of access (Section 56(3)(a) of PAIA)	<i>My request for access is refused, and no valid or adequate reasons for the refusal, were given, including the provisions of this Act which were relied upon for the refusal.</i>	<input type="checkbox"/>
Partial access to record (Section 28(2) or 59(2) of PAIA)	<i>Access to only a part of the requested records was granted and I believe that more of the records should have been disclosed.</i>	<input type="checkbox"/>
Fee waiver (Section 22(8) or 54(8) of PAIA)	<i>I am exempt from paying any fee and my request to waive the fees was refused.</i>	<input type="checkbox"/>
Records that cannot be found or do not exist (Section 23 or 55 of PAIA)	<i>The Body indicated that some or all of the requested records do not exist and I believe that more records do exist.</i>	<input type="checkbox"/>
Failure to disclose records	<i>The Body decided to grant me access to the requested records, but I have not received them.</i>	<input type="checkbox"/>
No jurisdiction (exercise or protection of any rights) (Section 50(1)(a) of PAIA)	<i>The Body indicated that the requested records are excluded from PAIA and I disagree.</i>	<input type="checkbox"/>
Frivolous or vexatious request (Section 45 of PAIA)	<i>The Body indicated that my request is manifestly frivolous or vexatious and I disagree.</i>	<input type="checkbox"/>
Other (Please explain)		

#### **PART G EXPECTED OUTCOME**

How do you think the Information Regulator can assist you? Describe the result or outcome that you seek.

#### **PART H AGREEMENTS**

**The legal basis for the following agreements is explained in the Privacy Notice on how to file your complaint document. In order for the Information Regulator to process your complaint, you need to check each one of the checkboxes below to show your agreement:**

*I agree that the Information Regulator may use the information provided in my complaint to assist it in researching issues relating to the promotion of the right of access to information as well as the protection of the right to privacy in South Africa. I understand that the Information Regulator will never include my personal or other identifying information in any public report, and that my personal information is still protected by the Protection of Personal Information Act, 2013 (Act No. 4 of 2013). I understand that if I do not agree, the Information Regulator will still process my complaint.*

*The information in this Complaint Form is true to the best of my knowledge and belief.*

*I authorize the Information Regulator to collect my personal complaint information (such as the information about me in this complaint form) and use it to process my human rights complaint relating to the right of access to information and / or the protection of the right to privacy.*

*I authorise anyone (such as an employer, service provider, witness) who has information needed to process my complaint to share it with the Information Regulator. The Information Regulator can obtain this information by talking to witnesses or asking for written records. Depending on the nature of the complaint, these records could include personnel files or employer data, medical or hospital records, and financial or taxpayer information.*

*If any of my contact information changes during the complaint process, it is my responsibility to inform the Information Regulator; otherwise my complaint could experience a delay or even be closed.*

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

**Complainant/Representative/Authorised person of Third party**



## REQUEST FOR ASSESSMENT

### FORM 13

[Regulation 14(1)]

I,

<b>Full Name(s)</b>			
<b>Postal Address</b>			
<b>Street Address</b>			
<b>E-Mail Address</b>			
<b>Contact Numbers</b>	<b>Tel. (B)</b>		<b>Facsimile</b>
	<b>Cellular</b>		

hereby, in terms of section 77H of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000), request that the Information Regulator assess whether the under-mentioned public or private body generally complies with the provisions of the Act insofar as its policies and implementation procedures are concerned.

<b>Name of Private / Public Body</b>			
<b>Postal Address</b>			
<b>Street Address</b>			
<b>E-Mail Address</b>			
<b>Contact Number(s)</b>	<b>Tel. (B)</b>		<b>Facsimile</b>
	<b>Cellular</b>		

**PARTICULARS OF INFORMATION TO BE ASSESSED**

**PERSONS AFFECTED BY THE RELEVANT INFORMATION PRACTICE/S**

**THE REASON WHY AN ASSESSMENT IS REQUESTED**

**SPECIFIC ASPECTS OF THE INFORMATION THAT THE ASSESSMENT SHOULD ADDRESS**

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

\_\_\_\_\_  
**Requester**

**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....

A	DETAILS OF DATA SUBJECT
Name and surname of data subject:	
Residential, postal or business address:	
	Code ( )
Contact number(s):	
Fax number:	
E-mail address:	
B	DETAILS OF RESPONSIBLE PARTY
Name and surname of responsible party ( <i>if the responsible party is a natural</i> ):	
Residential, postal or business address:	
	Code ( )
Contact number(s):	
Fax number:	
E-mail address:	

Name of public or private body ( <i>if the responsible party is not a natural person</i> ):		
Business address:		
	Code ( )	
Contact number(s):		
Fax number:		
E-mail address:		
<b>C</b>	<b>REASONS FOR OBJECTION</b> ( <i>Please provide detailed reasons for the objection</i> )	

Signed at ..... this ..... day of ..... 20.....

.....  
*Signature of data subject (applicant)*

**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".

**Request for:**

Correction or deletion of the 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 authorised to retain the record of information.

A	DETAILS OF THE DATA SUBJECT
Surname:	
Full names:	
Identity number:	
Residential, postal or business address:	
	Code ( )
Contact number(s):	
Fax number:	
E-mail address:	
B	DETAILS OF RESPONSIBLE PARTY
Name and surname of responsible party ( <i>if the responsible party is a natural person</i> ):	
Residential, postal or business address:	
	Code ( )
Contact number(s):	
Fax number:	
E-mail address:	

Name of public or private body ( <i>if the responsible party is not a natural person</i> ):		
Business address:		
		Code ( )
Contact number(s):		
Fax number:		
E-mail address:		
<b>C</b>	<b>REASONS FOR *CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT/*DESTRUCTION OR DELETION OF A RECORD OF PERSONAL INFORMATION ABOUT THE DATA SUBJECT WHICH IS IN POSSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY. (Please provide detailed reasons for the request)</b>	

\* *Delete whichever is not applicable*

Signed at ..... this ..... day of ..... 20.....

.....  
*Signature of Data subject*