

PROMOTION OF ACCESS TO INFORMATION ACT MANUAL FOR CUTHMAN CAPITAL (PTY) LTD

A. INTRODUCTION

Cuthman Capital (Pty) Ltd is an authorised financial services provider in terms of the Financial Advisory & Intermediary Service Act and is regulated by the Financial Sector Conduct Authority (“FSCA”). The FSP number is 51205.

The Promotion of Access to Information Act, No. 2 of 2000 (“the Act”) gives effect to the constitutional right of access to any information in records held by public (government) or private (non-government) bodies that is required for the exercise of protection of any rights. Where a request is made in terms of the Act, Cuthman Capital (Pty) Ltd is obliged to release the information, except where the Act expressly provides that the information may or must not be released.

This manual informs requesters of procedural and other requirements that a request must meet as prescribed by the Act. It is important to note that the Act recognises certain limitations to the right of access to information, including, but not limited to, limitations aimed at the reasonable protection of privacy, commercial confidentiality, and effective, efficient and good governance, and in a manner which balances that right with any other rights, including such rights contained in the Bill of Rights in the Constitution.

B. CONTACT DETAILS AND GENERAL INFORMATION

Information Officer	Thandi Wille
Postal Address:	Cuthman Capital Unit 1, The Chesterfields No 4 Chesterfield Road BRYANSTON Gauteng 2191
Street Addresses:	Registered Address: Unit 1, The Chesterfields No 4 Chesterfield Road BRYANSTON Gauteng 2191

Sandton Office:

Cuthman Capital

Future Space

61 Katherine St

Sandhurst

Sandton

2196

Cape Town Office

Cuthman Capital

Cube Workspace

Office 19, The Pavilion, V&A Waterfront

Cape Town

8001

Tel. No.: +27211403529

E- Mail address: admin@cuthman.com

Website: www.cuthman.com

C. GUIDE OF SOUTH AFRICA HUMAN RIGHTS COMMISSION

A Guide has been compiled in terms of Section 10 of PAIA by the Human Rights Commission. It contains information required by a person wishing to exercise any right, contemplated by PAIA. It is available in all of the official languages.

The Guide is available for inspection, inter alia, at the office of the offices of the Human Rights Commission at:

Postal Address: : Private Bag 2700, Houghton, 2041
 Telephone Number : 011 877 3600
 Fax Number : 011 403 0625
 Website : www.sahrc.org.za

D. RECORDS AVAILABLE IN ACCORDANCE WITH OTHER LEGISLATION

A requester may also request information that is available in terms of other legislation.:

- Financial Advisory and Intermediary Services Act 37 of 2002
- Financial Intelligence Centre Act 38 of 2001
- Securities Services Act 36 of 1994

- Labour Relations Act 66 of 1995
- Employment Equity Act 55 of 1998
- Basic Conditions of Employment Act 75 of 1997
- Compensation for Occupational Injuries and Disease Act 130 of 1993
- Companies Act 61 of 1973
- Unemployment Insurance Act 63 of 2001
- Value Added Tax Act 89 of 1991
- Income Tax Act 58 of 1962
- Skills Development Act 9 of 1999

E. SUBJECTS AND CATEGORIES ON WHICH RECORDS ARE HELD

1. COMPANIES ACT RECORDS

- Documents of incorporation
- Memorandum and Articles of Association
- Minutes of Board of Directors meetings
- Records relating to the appointment of directors/auditor/ secretary/public officer and other officers
- Share Register and other statutory registers

2. FINANCIAL RECORDS

- Annual Financial Statements
- Tax Returns
- Accounting Records
- Banking Records
- Bank Statements
- Paid Cheques
- Electronic banking records
- Asset Register
- Rental Agreements
- Invoices
- Client Identification

3. INCOME TAX RECORDS

- PAYE Records
- Documents issued to employees for income tax purposes
- Records of payments made to SARS on behalf of employees
- All other statutory compliances:
 - VAT
 - Regional Services Levies
 - Skills Development Levies
 - UIF
 - Workmen's Compensation

4. PERSONNEL DOCUMENTS AND RECORDS

- Disciplinary records
- Salary records
- Leave records
- Training records
- Training Manuals

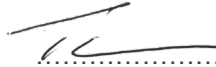
F. DETAIL ON HOW TO MAKE A REQUEST FOR ACCESS

- The requester must complete [Form 2](#) and submit this form, together with a request fee, to the head of the private body. All up-to-date PAIA Forms are available [here](#).
- The form must be submitted to the head of the private body at his/ her address, fax number, or electronic mail address.
- The form must:
 - provide sufficient particulars to enable the head of the private body to identify the record/s requested and to identify the requester
 - indicate which form of access is required
 - specify the postal address or fax number of the requester in the Republic
 - identify the right that the requester is seeking to exercise or protect, and explain why the requested record is required for the exercise or protection of that right
 - if, in addition to a written reply, the requester wishes to be informed of the decision on the request in any other manner, to state that manner and the necessary particulars to be informed in the other manner
 - if the request is made on behalf of another person, to submit proof of the capacity in which the requester is making the request to the reasonable satisfaction of the head of the private body

G. AVAILABILITY OF THE MANUAL (SECTION 51(3))

- This manual is available for inspection at the company's offices free of charge upon prior arrangement with the said contact person of the company as per section 2.
- A copy is also made available on the website of the company.

Name : TK Wille.....

Signature : .....

Designation : COO and Information Officer

Signed on this 7th day of November 2023

Date of Compilation: 1 April 2021

Date updated: 7 November 2023

Version Control: V2

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:

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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 <i>(when made on behalf of another person)</i>			
Postal Address			
Street Address			
E-mail Address			
Contact Numbers	Tel. (B):		Facsimile:
	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			
<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 <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	

MANNER OF ACCESS <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>	

PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED	
<i>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.</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:	

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

Reference number:	
Request received by: (State Rank, Name And Surname of Information Officer)	
Date received:	
Access fees:	



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CAPITAL

Deposit (if any):

Signature of Information Officer

**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			
• 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 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			
• If provided to the requestor	R60.00		
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 <i>(calculated on one third of total amount per request)</i>	

The amount must be paid into the following Bank account:

Name of Bank: _____

Name of account holder: _____

Type of account: _____

Account number: _____

Branch Code: _____



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Reference Nr: _____

Submit proof of payment to: _____

Signed at _____ this _____ day of _____ 20 _____

Information officer