

PROPER HEALTHCARE SERVICES C.C.

Authorised Financial Services Provider regulated by the Financial Services Board, FSP NO. 39520

Registration Number 2009 / 105367 / 23

PROPER HEALTHCARE SERVICES C.C.

MANUAL

in terms of

The Promotion of Access to Information Act

2/2000

(the "ACT")

September 2020

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1. INTRODUCTION

Proper Healthcare Services C.C. conducts business as a Healthcare Broker, doing Individual and Group Medical Aid and GAP cover. We are an Authorised Financial Services Provider in terms of the Financial Advisory & Intermediary Service Act. Our FSP licence number is FSP 39520.

2. COMPANY CONTACT DETAILS

Persons designated:

Member:	Mark O'Flaherty
Compliance Manager:	Tony Fourie
Postal Address:	PO Box 32, Umhlanga Rocks, 4320
Street Address:	6 Pencarrow Crescent, La Lucia Ridge Office Estate, 4019
Telephone Number:	031 502 3329
Fax Number:	031 502 3325
E-mail address:	tony@propergroup.co.za
Website:	www.propergroup.co.za

3. THE ACT

- 3.1** The ACT grants a requester access to records of the 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.
- 3.2** 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 sections 6 and 7.
- 3.3** Requesters are referred to the Guide to be compiled by the South African Human Rights Commission, which will contain information for the purposes of exercising Constitutional Rights. 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

4. APPLICABLE LEGISLATION

No	Ref	Act
1	No 61 of 1973	Companies Act
3	No 55 of 1998	Employment Equity Act
4	No 95 of 1967	Income Tax Act
5	No 66 of 1995	Labour Relations Act
6	No 89 of 1991	Value Added Tax Act
7	No 37 of 2002	Financial Advisory and Intermediary Services Act
8	No 75 of 1997	Basic Conditions of Employment Act
9	No 69 of 1984	Close Corporations Act
10	No 25 of 2002	Electronic Communications and Transactions Act
11	No 2 of 2000	Promotion of Access of Information Act
12	No 30 of 1996	Unemployment Insurance Act
13	No 131 of 1998	Medical Schemes Act

5. ACCESS TO RECORDS AND AVAILABILITY

The head of Proper Healthcare Services C.C. -

(a) must, during office hours and upon request, make available for public inspection a copy of the manual;

(b) may not charge a fee for a public inspection referred to in paragraph (a); and

(c) may, in respect of a copy of the manual or part thereof made available in a manner other than that contemplated in paragraph(a), charge the fee prescribed in Item 1 of Part III of Annexure A and the actual postage if a copy must be posted.

CATEGORIES OF RECORDS:

5.1 PUBLIC AFFAIRS

- Public Product Information
- Public Corporate Records
- Media Releases

5.2 FINANCIAL RECORDS

1. Annual Financial Statements
2. Tax Returns
3. Accounting Records
4. Banking Records
5. Bank Statements
6. Paid Cheques
7. Electronic banking records
8. Asset Register
9. Rental Agreements
10. Invoices

5.3 INCOME TAX RECORDS

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

5.4 PERSONNEL DOCUMENTS AND RECORDS

1. Employment contracts
2. Employment Equity Plan (if applicable)
3. Medical Aid records
4. Pension Fund records
5. Disciplinary records
6. Salary records
7. SETA records
8. Disciplinary code
9. Leave records
10. Training records
11. Training Manuals

5.5 MARKETING

1. Market Information
2. Public Customer Information:
 - a. Product Brochures
 - b. Owner Manuals
3. Field Records
4. Performance Records
5. Product Sales Records
6. Marketing Strategies
7. Customer Database

SUBJECTS ON WHICH RECORDS ARE KEPT-

Clients / Policyholders / Service Providers and Product Suppliers of Proper Healthcare Services C.C.

PRODUCTS AND SERVICES:

Healthcare consulting, medical aid and GAP cover products to groups and schemes. All these records are kept in terms of legislation applicable to any of the above products or services and the Financial Services Industry in general.

6. FORM OF REQUEST

The requester must complete Form C and submit this form together with a request fee, to the head of the private body.

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 a postal address or fax number of the requester in the Republic,
- Identify the right that the requester is seeking to exercise or protect, and provide an explanation of 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.

7. PRESCRIBED FEES

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

- 7.1** A requestor is required to pay the prescribed fees (R50.00) before a request will be processed;
- 7.2** 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);
- 7.3** A requestor may lodge an application with a court against the tender/payment of the request fee and/or deposit;
- 7.4** Records may be withheld until the fees have been paid.
- 7.5** The fee structure is available on the website of the SOUTH AFRICAN HUMAN RIGHTS COMMISSION at www.sahrc.org.za, or the website of THE DEPARTMENT OF JUSTICE AND CONSTITUTIONAL DEVELOPMENT (under regulations) at <http://www.doi.gov.za/>

FORM C

REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY
(Section 53(1) of the Promotion of Access to Information Act, 2000
(Act No. 2 of 2000)

[Regulation 10]

A. Particulars of private body

The Head: Proper Healthcare Services C.C.
PO Box 32
Umhlanga Rocks
4320

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: _____

2 Reference number, if available: _____

3 Any further particulars of record: _____

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:
Form in which record is required:
<p>NOTES:</p> <ul style="list-style-type: none"> (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.

(Mark 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 (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 / 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* (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? If yes, 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: _____

2. Explain why the record requested is required for the exercise or protection of the aforementioned right:

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?

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

.....
SIGNATURE OF REQUESTER / PERSON ON BEHALF OF REQUESTER