



KZN DAY CLINIC

MANUAL PREPARED IN TERMS OF SECTION 51

of

**The Promotion of Access to Information Act 2 of 2000
(hereinafter referred to as the "PAIA Act")
for assistance in requesting information from:**

**KZN Day Clinic
(hereinafter referred to as "KZN Day Clinic")**

Every private body specified in the Act, including a private company as defined in the Companies Act 61 of 1973, must lodge a copy of this manual with the South African Human Rights Commission (hereinafter referred to as "SAHRC")

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1. INTRODUCTION

KZN Day Clinic provides a cost-effective alternative to major hospitals for patients needing minimally invasive surgery. Established in 2014, the clinic works with approximately 60 of Durban's leading doctors and specialists. It features two operating theatres and 11 day beds, accommodating up to 15 patients daily.

2. COMPANY CONTACT DETAILS (Section 51 (1) (a))

Persons designated/duly authorised persons:

Directors: Dr Greg Ash

Dr Kobus Coetsee

Dr Mahendra Daya

Dr Christiaan Hoogendijk

Dr Jonathan Hansen

Clinic Manager: Alex Cooks

Address: 2nd Floor, Ingenuity House, 325 uMhlanga Rocks Dr,
Umhlanga Ridge,
uMhlanga,
4319

Telephone Number: [031 880 2270](tel:0318802270)

Email: alex@kzndayclinic.co.za

3. THE PAIA ACT (Section 51(1) (b))

- 3.1** The PAIA 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.
- 3.2** Requests in terms of the PAIA 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 PAIA ACT.
- 3.3** 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:

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** (Section 51 (1) (c)).

<u>No</u>	<u>Ref</u>	<u>Act</u>
1	No 61 of 1973	Companies Act
2	No 98 of 1978	Copyright 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
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 38 of 2001	Financial Intelligence Centre Act
14	No 68 of 2008	Consumer Protection Act
15	No 85 of 1993	Occupational Health & Safety Act
16	No 34 of 2005	National Credit Act
17	No 97 of 1998	Skills Development Act
18	No 9 of 1999	Skills Development Levies Act
19	No 130 of 1993	Compensation for Occupational Injuries and Diseases Act
20	No 53 of 2003	Broad-Based Black Economic Empowerment Act
21	No 93 of 1996	National Road Traffic Act

5. **Schedule of Records** (Section 51 (1) (d))

<u>Records</u>	<u>Subject</u>	<u>Availability</u>
Administration & Management	<ul style="list-style-type: none"> • Statutory records • Administrative records • Risk, security and insurance records • Commercial contracts 	Request in terms of PAIA.
Financial	<ul style="list-style-type: none"> • Accounting records • Salary & wages records • Creditor's and debtor's records • Taxes and levies records 	Request in terms of PAIA.

	<ul style="list-style-type: none"> • Operational expenditure records • Financial statements • Rental agreements • Asset inventories 	
Sales & Marketing	<ul style="list-style-type: none"> • Market information • Public customer information: <ul style="list-style-type: none"> ◦ Product brochures • Performance Records • Product Sales Records • Marketing Strategies • Customer Database • Dealer Franchise Documents 	Request in terms of PAIA
Personnel	<ul style="list-style-type: none"> • Employment contracts • Employment equity plan • Medical aid records • Retirement fund records • Bargaining council records • Disciplinary code and records • SETA records • Leave records • Training manuals and records 	Request in terms of PAIA
Information Technology	<ul style="list-style-type: none"> • Infrastructure and systems 	Request in terms of PAIA

6. **FORM OF REQUEST** (Section 51 (1) (e))

- 6.1** Any request to access records in terms of the PAIA ACT must be completed on the prescribed form in terms of PAIA ACT as shown in Annexure 1.
- 6.2** The requester must provide sufficient detail on the request form to enable to CLINIC MANAGER of KZN Day Clinic to identify the record and the requester. The requester should also indicate what form of access is required.
- 6.2** The requester must identify the right that he/she 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.
- 6.3** If a request is made on behalf of a person, the requester must then submit proof of the capacity in which the request is being made.
- 6.4** The CLINIC MANAGER of KZN Day Clinic must notify the requester by notice, requiring the requester to pay the prescribed fee (if any) before processing the request. The prescribed fee is in the Regulations of the PAIA ACT.
- 6.5** The CLINIC MANAGER of KZN Day Clinic will then make a decision in accordance with the provisions of the PAIA ACT, whether or not to grant the request and notify the requester of
- 6.6** the decision.

- If the request is granted, a further fee must be paid for the search, reproduction and
- 6.7** preparation, and for any time that has exceeded the prescribed hours to search and prepare the record for disclosure.
- 6.8** Legal remedies are available to a requester who believes that there has been a failure to comply with the PAIA ACT. The requester may lodge an appeal or application to Court. Section 54 of the PAIA ACT provides for a private body to require a request fee to be paid by a requester before processing a request. Information in regard to the fees payable is set out in Annexure 2.

7. PREScribed FEES (Section 51 (1) (f))

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.

8. AVAILABILITY OF MANUAL

KZN Day Clinic's manual is available for inspection free of charge at the registered address of the company. A copy of the manual is also available from SAHRC.

9. INFORMATION AVAILABLE WITHOUR REQUESTING ACCESS (Section 51 (1)(c))

KZN Day Clinic's website: <https://www.kzndayclinic.co.za/> is available to anyone with internet access.

ANNEXURE "1"

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/Designated Person: _____

B. Particulars of person requesting access to the record

- | |
|---|
| <p>a) <i>The particulars of the person who requests access to the record must be given below.</i></p> <p>b) <i>The address and/or fax number in the Republic to which the information is to be sent must be given.</i></p> <p>c) <i>Proof of the capacity in which the request is made, if applicable, must be attached</i></p> |
|---|

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 the 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:

Mark the appropriate box with an x.

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 to the record, if any, will be determined partly by the form in which access is requested.*

1. If the record is in written or printed form:

<input type="checkbox"/>	Copy of record*	<input type="checkbox"/>	Inspection of record
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2. If the record consists of visual images

(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)

<input type="checkbox"/>	View the images	<input type="checkbox"/>	Copy of the Images*	<input type="checkbox"/>	Transcription of the images*
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3. If record consists of recorded words or information which can be reproduced in sound:

<input type="checkbox"/>	Listen to the soundtrack (audio cassette)	<input type="checkbox"/>	Transcription of soundtrack* (written or printed document)
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4. If record is held on computer or in an electronic or machine-readable form:

<input type="checkbox"/>	Printed copy of record*	<input type="checkbox"/>	Printed copy of information derived from the record*	<input type="checkbox"/>	Copy in computer readable form* (compact disc)
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*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
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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 _____ this the _____ day of _____ 2025

WITNESS:

1. _____

2. _____

**SIGNATURE OF
REQUESTER/PERSON ON
WHOSE BEHALF REQUEST IS
MADE**

ANNEXURE "2"

CHARGE SHEET FOR ACCESS TO INFORMATION ACT 2 OF 2000 REQUESTS

REQUESTER'S DETAILS	PREPARED BY:
Name:	Name:
Address:	Date:
	Signature
Ref No:	Approved

ACCESS FEES FOR REPRODUCTION		
1.	For every photocopy of an A4-size page or part thereof	R 1.10
2.	For every photocopy of an A4-size page or part thereof held on a computer or in electronic or machine readable form	R 0.75
3.	For a copy in a computer-readable on compact disc	R70.00
4.	For a transcription of visual images for an A4-size page or part thereof	R40.00
5.	For a copy of visual images	R60.00
6.	For a transcription of an audio record for an A4-size page or part thereof	R20.00
7.	For a copy of an audio record	R30.00
ACCESS FEE FOR TIME SPENT		

1.	The time reasonably spent required to search for the record for disclosure and preparation	R30.00 /Hour or part thereof
REQUEST FEE		
1.	For a request for access to a record by a person other than a personal requester	

DEPOSIT		
1.	One third of the access fee is payable as a deposit by the requester	
2.	Six hours as the hours to be exceeded before a deposit is payable	
POSTAL FEE		
1.	When a copy of a record must be posted to the requestor	
	(the actual cost thereof)	
APPEAL FEES		
1.	For lodging an internal appeal by a requester against the refusal of his/her request for access to a record	R50.00
VAT		
1.	Private bodies registered under the Value Added Tax Act, 1991, may add VAT to all the above-mentioned fees	
	TOTAL	