



Registration Number of Company:
CK 1994 / 3733323

NAME OF COMPANY: PHYSIQUES SLIMMING AND HEALTH CC (CK 1994 / 3733323) T/A

The Firm ® Slimming & Health Clinic

MANUAL

in terms of

Section 51 of

The Promotion of Access to Information Act

2/2000

(the "ACT")

DATE OF COMPILATION: 01/12/2015

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1. Introduction to your company and the type of business:

**PHYSIQUES SLIMMING AND HEALTH CC (CK 1994 / 3733323) T/A
The Firm ® Slimming & Health Clinic**

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1. INTRODUCTION

PHYSIQUES SLIMMING AND HEALTH CC (CK 1994 / 3733323) T/A The Firm ® Slimming & Health Clinic are franchisors of a group of franchisees who conduct business as a weight loss, slimming franchise clinic. Our clients attend a course of treatments using electro-muscle stimulation therapy combined with infra-red treatment and selected eating plan. The Firm was founded in 1994. We are Full FASA Members. FASA Membership number: 3204.

2. COMPANY CONTACT DETAILS

Members: Mr. DG E Tregaskis

Mrs. AJ Tregaskis

Postal Address: P.O. Box 35161, NORTHWAY. 4065

Street Address: 104 Northway Centre. 17 Northway. Durban North, 4051

Telephone Number: +27 (0)31 564 0660

Fax Number: +27 (0)31 564 8816

Email: headoffice@thefirm.co.za
doug@thefirmadmin.com
mandy@thefirm.co.za

3. THE ACT

3.1 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.

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 paragraphs 6 and 7 of the 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

<u>No</u>	<u>Ref</u>	<u>Act</u>
1	No 98 of 1978	Copyright Act
2	No 55 of 1998	Employment Equity Act
3	No 95 of 1967	Income Tax Act
4	No 66 of 1995	Labour Relations Act
5	No 89 of 1991	Value Added Tax Act
6	No 75 of 1997	Basic Conditions of Employment Act
7	No 69 of 1984	Close Corporations Act
8	No 25 of 2002	Electronic Communications and Transactions Act
9	No 2 of 2000	Promotion of Access of Information Act
10	No 30 of 1996	Unemployment Insurance Act

5. Schedule of Records

<u>Records</u>	<u>Subject</u>	<u>Availability</u>
Public Affairs	<ul style="list-style-type: none">• Public Service Information• Media Releases• Public Corporate Records	Freely available on web site www.thefirm.co.za Request in terms of PAIA
Financial	<ul style="list-style-type: none">• Financial Statements• Financial and Tax Records (Company & Employees)• Asset Register• Management Accounts	Request in terms of PAIA. Not available.
Marketing	<ul style="list-style-type: none">• Market Information• Public Customer Information:<ul style="list-style-type: none">◦ Business Brochures• Marketing Strategies• Customer Database• Franchise Documents	Limited Information available on web site. www.thefirm.co.za Available in clinics Request in terms of PAIA Request in terms of PAIA Request in terms of PAIA

6. FORM OF REQUEST

To facilitate the processing of your request, kindly:

6.1 Use the prescribed form, available on the website of the SOUTH AFRICAN HUMAN RIGHTS COMMISSION at www.sahrc.org.za.

6.2 Address your request to the Head of the Company (CEO).

6.3 Provide sufficient details to enable the COMPANY to identify:

- (a) The record(s) requested;
- (b) The requester (and if an agent is lodging the request, proof of capacity);
- (c) The form of access required;
- (d) (i) The postal address or fax number of the requester in the Republic;
(ii) If the requester wishes to be informed of the decision in any manner (in addition to written) the manner and particulars thereof;
- (e) 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.

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.

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:

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 <i>ONLY</i> if a request <i>for information</i> is made on behalf of <i>another</i> person.
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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

- | |
|--|
| <p>(a) A request for access to a record, other <i>than</i> a record containing personal information about yourself, will be processed only after a request fee has been paid.</p> <p>(b) You will be <i>notified of</i> the amount required to be paid as the request fee.</p> <p>(c) The fee payable for access to a record depends <i>on</i> the form <i>in which</i> access is required and the reasonable time <i>required</i> to search for and prepare a record.</p> <p>(d) If you qualify for exemption <i>of</i> the payment <i>of</i> any fee, please state the reason for exemption.</p> |
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Reason for exemption from payment of fees:

F. Form of access to record

<p>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.</p>
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Disability:	Form in which record is required
Form in which record is required:	
<p>Mark the appropriate box with an X.</p> <p>NOTES:</p> <p>(a) Compliance with your request in the specified form may depend on the form in which the record is available.</p> <p>(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.</p> <p>(c) The fee payable for access for the record, if any, will be determined partly by the form in which access is requested.</p>	

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 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* (stiffy or compact disc)
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<p>'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.</p>	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..... day of20

SIGNATURE OF REQUESTER / PERSON ON
WHOSE BEHALF REQUEST IS MADE