



PAIA Manual

This manual has been prepared in terms of the section 51 of the Promotion of Access to Information Act 2 of 2000 and to address the requirements of the Protection of Personal Information Act 4 of 2013.

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1. DEFINITIONS

Client	Any natural or juristic person that received or receives services from the Company.
Conditions for Lawful Processing	The conditions for the lawful processing of Personal Information as fully set out in chapter 3 of POPI and in paragraph 12 of this Manual.
Data Subject	The person to whom Personal Information relates.
Information Officer	The individual who is identified in paragraph 3 of this manual.
Manual	This manual.
PAIA	The Promotion of Access to Information Act 2 of 2000.
Personal Information	Means information relating to an identifiable, living, natural person, and where it is applicable, an identifiable, existing juristic person, including, but not limited to –

	further correspondence that would reveal the contents of the original correspondence; g. The views or opinions of another individual about the person; and h. The name of the person if it appears with other personal information relating to the person or if the disclosure of the name itself would reveal information about the person.
Personnel	
POPI	
POPI Regulations	
Private Body	Means – a.
Processing	a. The collection, receipt, recording, b. Dissemination by means of

	c. Merging, linking, as well as
SAHRC	The South African Human Rights Commission.

2. INTRODUCTION

2.1.

2.2.

2.3.

2.4.

3. CONTACT DETAILS

Business Name	Zorora Sofas (Pty) Ltd
Registration Number	2021/641437/07
Registered Office	3 rd Floor, 10 Searle Street, Woodstock, Cape Town, 7925
Postal Address	10 Searle Street, Woodstock, Cape Town, 7925
Contact Number	021 300 1177
Information Officer	Shireen Booysen
Deputy Information Officer/s	N/A
Email address/es	shireen@zororaconnect.co.za

Background information of how the Company processes information can be found at:
www.zororasofas.co.za

4. GUIDE OF INFORMATION REGULATOR

4.1.

4.2.

4.3.

4.4.

4.5.

Information Regulator:

Postal Address:

Telephone:

Website:

Email:

5. LATEST NOTICES IN TERMS OF SECTION 52(2) OF PAIA

5.1.

6. AVAILABILITY OF CERTAIN RECORDS IN TERMS OF PAIA

6.1.

6.2.

Products and/or Services:

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Human Resources:

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Legal:

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Company Secretarial:

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Financial:











Client:

- S





Marketing:



Miscellaneous:



7. RECORDS AVAILABLE IN TERMS OF OTHER LEGISLATION

7.1.1.

7.1.2.

7.1.3.

7.1.4.

7.1.5.

7.1.6.

7.1.7.

7.1.8.

7.1.9.

7.1.10.

7.1.11. 7.1.12.

7.1.13.

7.1.14.

7.1.15.

7.1.16. S

7.1.17.

7.1.18.

7.1.19. V

*

8. REQUEST PROCESS

8.1.

8.2.

8.3.

8.4.

- 8.4.1. The record(s) requested;
- 8.4.2. The identity of the requestor;
- 8.4.3. What form of access is required; and
- 8.4.4. The Postal address or fax number of the requestor.
- 8.5. The requestor must state that the records are required for the requestor to exercise

- 8.6.
- 8.7.

- 8.8.
 - 8.8.1.

- 8.8.2.
- 8.9.

- payable.
- 8.10.
- 8.11.

9. GROUNDS FOR REFUSAL

- 9.1.

- C 9.1.1.
- 9.1.2.

Records contain:

- 9.1.2.1.
- 9.1.2.2.

9.1.4. Mandatory protection of the safety of individuals and the protection of property;

9.1.6. Protection of the commercial information of the Company, which may include:

- 9.1.6.1. Trade secrets;
- 9.1.6.2. Financial/commercial, scientific or technical information, the disclosure of which could likely cause harm to the financial or commercial interests of the Company;
- 9.1.6.3. Information which, if disclosed, could put the Company at a disadvantage in contractual or other negotiations or prejudice the Company in commercial competition; and/or
- 9.1.6.4. Computer programs which are owned by the Company, and which are protected by copyright and intellectual property laws;
- 9.1.7. Research information of the Company or a third party, if such disclosure would place the research or the researcher at a serious disadvantage; and
- 9.1.8. Requests for Records that are clearly frivolous or vexatious, or which involve an unreasonable diversion of resources.

10. REMEDIES SHOULD A REQUEST BE REFUSED

- 10.1. The Company does not have an internal appeal procedure in light of a denial of a request, decisions made by the information officer is final.
- 10.2. The requestor may in accordance with sections 56(3) (c) and 78 of PAIA, apply to a court for relief within 180 days of notification of the decision for appropriate relief.

11. FEES

- 11.1. The following fees shall be payable upon request by a requestor:

Request fee (Payable on every request)	R140.00
Photocopy of an A4 page or part thereof	R2.00
Printed copy of an A4 page or part thereof	R2.00
Hard copy on flash drive (Flash drive to be provided by requestor)	R40.00
Hard copy on a compact disc (Compact disc to be provided by requestor)	R40.00
Hard copy on a compact disc (Compact disc to be provided by the Company)	R60.00

Transcription of visual images per A4 page	As per quotation of service provider
Copy of visual images	As per quotation of service provider
Transcription of an audio record per A4 page	R24.00
Copy of an audio record on flash drive (Flash drive to be provided by requestor)	R40.00
Copy of an audio on a compact disc (Compact disc to be provided by requestor)	R40.00
Copy of an audio on a compact disc (Compact disc to be provided by the Company)	R60.00
To search for and prepare the record for disclosure for each hour or part of an hour, excluding the first hour, reasonably required for such search and preparation	R145.00
To search for and prepare the record for disclosure for each hour or part of an hour, excluding the first hour, reasonably required for such search and preparation (Cannot exceed total cost)	R435.00
Postage, email or any other electronic transfer	Actual expense, if any

12. POPI

12.1.

12.1.1.1. A

12.1.1.2.

12.1.1.3.

12.1.1.4.

12.1.1.5.

12.1.1.6.

12.1.1.7.

12.1.1.8.

12.1.2. The Company is involved in the following types of processing:

12.1.2.1. Collection

12.1.2.2. Recording

12.1.2.3. Organization

12.1.2.4. Structuring

12.1.2.5. Storage

12.1.2.6. Adaptation or alteration

12.1.2.7. Retrieval

12.1.2.8. Consultation

12.1.2.9. Use

12.1.2.10. Disclosure by transmission

12.1.2.11. Dissemination or otherwise making available

12.1.2.12. Alignment or combination

12.1.2.13. Restriction

12.1.2.14. Erasure

12.1.2.15. Destruction

12.1.3. The Company processes information for the following purposes:

12.1.3.1. To fulfil agreements in relation to its employees;

12.1.3.2. to provide services to its Clients in accordance with terms agreed to by the Clients;

12.1.3.3. to undertake activities related to the provision of services, such as

12.1.3.3.1. to fulfil domestic legal, regulatory and compliance requirements;

12.1.3.3.2. to verify the identity of Customer representatives who contact the Company or may be contacted by The Company;

12.1.3.3.3. for risk assessment, information security management, statistical, trend analysis and planning purposes;

12.1.3.3.4. to monitor and record calls and electronic communications with the Client for quality, training, investigation and fraud prevention purposes;

12.1.3.3.5. to enforce or defend the Company or the Company affiliates' rights;

- 12.1.3.3.6. to manage the Company's relationship with its clients, which may include providing information to its clients and its clients affiliates about the Company's and the Company affiliates' products and services;
- 12.1.3.4. the purposes related to any authorised disclosure made in terms of agreement, law or regulation;
- 12.1.3.5. any additional purposes expressly authorised by the Company's client;
- 12.1.3.6. any additional purposes as may be notified to the Client or Data Subjects in any notice provided by the Company.
- 12.2. The Company processes personal information the following categories of Data Subjects:
 - 12.2.1. Juristic persons –
 - 12.2.1.1. Corporate Clients
 - 12.2.1.2. Suppliers
 - 12.2.2. Natural persons –
 - 12.2.2.1. Individuals
 - 12.2.2.2. Staff
 - 12.2.2.3. Clients
 - 12.2.2.4. Suppliers
- 12.3. The Company process the following categories personal information:
 - 12.3.1. Client profile information;
 - 12.3.2. Bank account details;
 - 12.3.3. Payment information;
 - 12.3.4. Client representatives;
 - 12.3.5. Names;
 - 12.3.6. Email addresses;
 - 12.3.7. Telephone numbers;
 - 12.3.8. Facsimile numbers;
 - 12.3.9. Physical addresses;
 - 12.3.10. Tax numbers;
 - 12.3.11. Identity numbers;
 - 12.3.12. Passport numbers;
- 12.4. Recipients of Personal Information;
 - 12.4.1.
- 12.5. When making authorised disclosures or transfers of personal information in terms of Section 72 of POPI, personal information may be disclosed to recipients in countries that do not have the same level of protection for personal information as South Africa does.
- 12.6. The following Security measures are implemented by the Company:
- 12.7. The Company implements numerous Security measures to protect personal information that is stored electronically and physically.
 - 12.7.1. The Company ensures that appropriate security measures are taken and updates these measures on a regular basis.

- 12.7.2. The Company have also implemented various policies for additional security for personal information stored both physically and electronically.
- 12.8. The personal information that is stored physically is protected as follows:
- 12.8.1. Where physical records of the data exist, such records will be stored in a secure area that can be 'locked-away' as to avoid a breach of the personal information.
- 12.8.2. Such physical data records will be 'locked-away' and secured when not in use.
- 12.9. The Company may share personal information with third parties and in certain instances this may result in cross border flow of the personal information. The personal information will always be subject to protection, not less than the protection it is afforded under the Protection of Personal Information Act No.4 of 2013.
- 12.10. Objection to the processing of personal information by a data subject:
- 12.10.1. Section 11(3) of POPI and regulation 2 of the POPI regulations provides that a data subject may, at any time object to the processing of their personal information in the prescribed form attached to this manual as **ANNEXURE "C"**.
- 12.11. Request for correction or deletion of personal information:
- 12.11.1. Section 24 of POPI and regulation 3 of the POPI regulations provides that a data subject may request for their personal information to be corrected and/or deleted in the prescribed form attached hereto as **ANNEXURE "D"**.
- 12.11.2. Regulation 8 of the POPI regulations provides for requests the outcomes of requests and of fees payable in the prescribed form attached hereto as **ANNEXURE "E"**.

SIGNATURE INFORMATION

OFFICER : S. Koyen.

DATE : 09/09/2024

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

[Regulations 3]

TO: The Information Officer

I,

Full Names:			
In my capacity as (mark with "X"):	Information Officer:		Other:
Name of Public/Private Body (if applicable):			
Postal Address:			
Street Address:			
E-mail Address:			
Facsimile:			
Contact Numbers:	Tel. (B):		Cellular:

Hereby request the following copy(ies) of the Guide:

Language (mark with "X"):	No of Copies	Language (mark with "X"):	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

ANNEXURE B**FORM 2****REQUEST FOR ACCESS TO RECORD**

[Regulations 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: _____

Fax Number: _____

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 Name 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

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 <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 the 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) A request fee must be paid before the request will be considered. b) You will be notified of the amount of the access fee to be paid. 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	

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 (Please Specify)

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:	
Deposit (if any):	

Signature of Information Officer

ANNEXURE C**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 _____

DETAILS OF DATA SUBJECT	
Name and Surname of Data Subject	
Residential, postal or business address	
Contact number(s)	
Fax number:	
E-mail address:	

DETAILS OF RESPONSIBLE PARTY	
Name and Surname of Responsible Party (if the Responsible Party is a natural):	
Residential, postal or business address	

Contact number(s)	
Fax number:	
E-mail address:	
Name of Public Body or Private Body (if Responsible Party not a natural person):	
Business address:	
	Code ()
Contact number(s):	
Fax number:	
e-mail address:	

REASONS FOR OBJECTION <i>(Please provide detailed reasons for the objection)</i>

Signed at _____ this _____ day of _____ 20 ____.

Signature of Data Subject (Applicant)

ANNEXURE D

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"

1. Request For:

☐

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

DETAILS OF DATA SUBJECT	
Name and Surname of Data Subject	
Residential, postal or business address	
Contact number(s)	
Fax number:	
E-mail address:	

DETAILS OF RESPONSIBLE PARTY	
Name and Surname of Responsible Party (if the Responsible Party is a natural):	
Residential, postal or business address	
Contact number(s)	
Fax number:	
E-mail address:	
Name of Public Body or Private Body (if Responsible Party not a natural person):	
Business address:	

	Code ()
Contact number(s):	
Fax number:	
e-mail address:	

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 THE POSSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY <i>(Please provide detailed reasons for the objection)</i>

Signed at _____ this _____ day of _____ 20 ____.

Signature of Data Subject

ANNEXURE E

FORM 3

OUTCOME OF REQUEST AND OF FEES PAYABLE [Regulation 8]

1. *If your request is granted –*
 - (a) *Amount of the deposit, if any, is payable before your request is processed;
and 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 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 or 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 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			
• To be provided by requestor	R40.00		
(ii) Compact disc			
• If provided by requestor	R40.00		
• 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		
Copy of visual images	service provider		
Transcription of an audio record, per A4-size	R24.00		
Copy of an audio record			
(i) Flash drive			
• To be provided by requestor	R40.00		

(ii) Compact disc			
• If provided by requestor	R40.00		
• If provided to the requestor	R60.00		
Postage, e-mail or any other electronic transfer:	Actual costs		
TOTAL:			

1. 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:

Reference Nr:

Submit proof of payment to:

Signed at _____ this _____ day of _____ 20 _____

Information officer