

Evolution Tel (Pty) Ltd T/A Evotel

MANUAL IN TERMS OF SECTION 51 OF THE PROMOTION OF ACCESS TO INFORMATION ACT, ACT 2 of 2000 (The "ACT")

Reg No.: 2015/071108/07 Vat No: 4510272190



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1. INTRODUCTION

Evolution Tel (Pty) Ltd T/A Evotel, is an open access fibre-to-the-home network provider that seeks to deliver a stable and uncompromised network to all South African suburbs.

In terms of Section 51 of the Act, Private Bodies are required to compile a Manual setting out the procedures and requirements to be adhered to in seeking to obtain access to information held by that Private Body as well as the concomitant costs associated with such a request. The aforementioned section further stipulates the minimum requirements a Manual has to comply with.

Section 51(2) of the Act also provides that the head of a Private Body, as contemplated in the Act, may update this manual on a regular basis. As such Evotel will, if and when deemed necessary, update or amend this Manual.

For purposes of this Manual – please note the following:

References to "Evotel", "we", "us", "our" and "ours" in this Manual mean Evotel.

2. PARTICULARS REQUIRED IN TERMS OF THE SECTION 51(1)(A) OF PAIA

Evotel is committed to, and supports, the constitutional right of access to information in accordance with the provisions of the Act.

To confirm whose particulars to be included

| DIRECTORS: | ALBERT OOSTHUYSEN |
|----------------------------|---|
| INFORMATION OFFICER / CEO: | ALBERT OOSTHUYSEN |
| POSTAL ADDRESS: | PO BOX 6981, Greenstone, 1613 |
| PHYSICAL ADDRESS: | First Floor, 03 Desmond, 3 Desmond Street, Kramerville, Sandton 2090 |



| TELEPHONE NUMBER: | 0860 386 835 |
|-------------------|----------------------|
| EMAIL ADDRESS: | alberto@evotel.co.za |

3. THE ACT (SECTION 51(1)(B))

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.

Requests in terms of the Act shall be made in accordance with the prescribed procedures, at the rates provided. The forms and tariffs are dealt with in paragraphs 6 and 7 of the Act.

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: https://www.sahrc.org.za/

The Guide is available for inspection on the SAHRC website (https://www.sahrc.org.za/), alternatively it may be obtained at the head office of the SAHRC and all of its provincial office



4. APPLICABLE LEGISLATION (SECTION 51 (1) (C))

Evotel may, from time to time and where applicable, retain information and documentation as required and set out in terms of legislation.

Information *may* be made available in terms of the following legislation to the persons or entities specified in such legislation, *subject* to the provisions of said legislation, the Act, and Evotel's internal policies and procedures. A request for such information *must* be made in accordance with the Act. Accessibility to certain information or records may be refused on the grounds contemplated in the Act.

| NUMBER | REFERENCE | ACT |
|--------|----------------|---|
| 1. | Act 71 of 2008 | Companies Act |
| 2. | Act 58 of 1962 | Income Tax Act |
| 3. | Act 89 of 1991 | Value Added Tax Act |
| 4. | Act 30 of 1966 | Unemployment Insurance Act |
| 5. | Act 36 of 2005 | Electronic Communications Act |
| 6. | Act 25 of 2002 | Electronic Communications and Transaction Act |
| 7. | Act 4 of 2013 | Protection of Personal Information Act |
| 8. | Act 75 of 1997 | Basic Conditions of Employment |
| 9. | Act 55 of 1998 | Employment Equity Act |



| 10. | Act 9 of 1999 | Skills Development Levies Act |
|-----|-----------------|--|
| 11. | Act 130 of 1993 | Compensation of Occupational Injuries and Diseases Act |
| 12. | Act 38 of 1997 | Intellectual Property Laws Amendment Act |
| 13. | Act 194 of 1993 | Trademarks Act |

5. SCHEDULE OF RECORDS IN TERMS OF SECTION 51 (1) (d)

Evotel maintains and stores records which are spread under several categories and on various subject matters. It is prudent, however, to indicate that the mere fact that a category of information and records maintained by Evotel is reflected in this Manual does not imply that any or all requests to access such records or information will result in the granting of access to those records or information.

Notwithstanding the abovementioned, all requests in terms of this Manual will be evaluated on an *ad hoc* basis in accordance with the provisions of the Act. We do, however, refer you to the below table which sets out the information which may be accessed without a formal request and which information must be requested in terms of the Act.



| RECORDS | SUBJECT | AVAILABILITY |
|---------------------|--|--|
| Public Affairs | Public Product Information Public Corporate Records Media Releases | Freely available on www.evotel.co.za |
| Financial | Financial Statements Financial and Tax Records (Company & Employees) Asset Register Management Accounts | Not available. Request to be made in terms of PAIA. |
| Marketing | Market Information Public Customer Information: Product Brochures Owner Manuals Field Records Performance Records Product Sales Records Marketing Strategies Customer Database | Limited information available at www.evotel.co.za Request to be made in terms of PAIA. |
| Internal Records | Memorandum of IncorporationFinancial records | Request to be made in terms of PAIA. |



Operational records
Intellectual property records
Internal Evotel correspondence
Product records
Statutory records (including but not limited to those records submitted to the Intellectual Properties Commission)
Banking records

6. FORM OF REQUEST IN TERMS OF SECTION 51(1)(e)

Internet website records

Internal policies and procedures

To facilitate the processing of your request, kindly:

- 6.1 Use the prescribed form C, available on the website of the SOUTH AFRICAN HUMAN RIGHTS COMMISSION at www.sahrc.org.za alternatively kindly refer to annexure "A" attached hereto.
- 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:
 - (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.



FORM 2

REQUEST FOR ACCESS TO RECORD

[Regulation 7]

| ı | N | | Т | - E | |
|---|---|---|---|-----|--|
| ı | N | u | • | | |

Request is made in my own name

Request is made on behalf of another person.

| NOTE | E: | | | | |
|---------------------|--|-----------------------|-----------------|----------------|---------|
| 1. | Proof of identity must be at | ttached by the reques | ter. | | |
| 2. | If requests made on beha attached to this form. | alf of another person | , proof of such | authorisation, | must be |
| TO: | The Deputy Information Of | ficer | | | |
| Johan | an Barkhuizen | | | | |
| 2 nd Flo | Floor, One Four Kramer | | | | |
| 14 Kra | ramer Road | | | | |
| Krame | nerville | | | | |
| Johan | annesburg | | | | |
| 2090 |) | | | | |
| E-mai | ail address: <u>johan@evot</u> | el.co.za | | | |
| Fax n | number: N/A | | | | |
| Mark | k with an "X" | | | | |



| PERSONAL INFORM | ATION | | |
|---|------------------------|------------|--|
| Full Names | | | |
| Identity Number | | | |
| Capacity in which request is made (when made on behalf of another person) | | | |
| Postal Address | | | |
| Street Address | | | |
| E-mail Address | | | |
| Contact Numbers | Tel. (B): Cellular: | Facsimile: | |
| Full names of person on whose behalf request is made (if applicable): | | | |
| Identity Number | | | |
| Postal Address | | | |
| Street Address | | | |
| E-mail Address | | | |
| Contact Numbers | Tel. (B) | Facsimile | |
| | Cellular | | |



| PARTICULARS OF R | ECORD REQUESTED |
|---|---|
| | |
| number if that is know | s of the record to which access is requested, including the reference on to you, to enable the record to be located. (If the provided space is ntinue on a separate page and attach it to this form. All additional pages |
| | |
| | |
| | |
| | |
| Description of record or relevant part of the record: | |
| Reference number, if available | |
| | |
| Any further particulars of record | |
| | |
| | |
| | |
| TYPE OF RECORD | |



| Record is in written or printed form Record comprises virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc) | |
|---|--|
| Record comprises virtual images (this includes photographs, slides, video | |
| | |
| | |
| 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 | |
| (Mark the applicable box with an "X") | |
| Printed copy of record (including copies of any virtual images, transcriptions and | |
| information held on computer or in an electronic or machine-readable form) | |
| Written or printed transcription of virtual images (this includes photographs, slides, | |
| video recordings, computer-generated images, sketches, etc) | |
| Transcription of soundtrack (written or printed document) | |
| Copy of record on flash drive (including virtual images and soundtracks) | |
| Copy of record on compact disc drive (including virtual images and soundtracks) | |
| Copy of record saved on cloud storage server | |



| MANNER OF ACCESS | |
|--|--|
| (Mark the applicable box with an " X ") | |
| Personal inspection of record at registered address of public/private body (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) | |
| Postal services to postal address | |
| Postal services to street address | |
| Courier service to street address | |
| Facsimile of information in written or printed format (including transcriptions) | |
| E-mail of information (including soundtracks if possible) | |
| Cloud share/file transfer | |
| Preferred language | |
| (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) | |
| | |

| PARTICULARS OF RIG | HT TO BE EXERCISED OR PROTECTED |
|--------------------|--|
| , | inadequate, please continue on a separate page and attach it to this st sign all the additional pages. |
| | |



| Indica | te which right | is to |
|--------|----------------|-------|
| be | exercised | or |
| protec | eted | |
| Explai | n why the re | cord |
| reque | sted is requ | uired |
| | he exercise | or |
| protec | tion of | the |
| aforen | nentioned righ | ht: |

| 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 fo exemption | | |
| Reasoi | n | | |
| | | | |
| | | | |

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) | |
| | | | |
| | | | |
| | | | |
| | | | |
| igned at this da | y of 20 | | |
| | | | |
| | | | |
| | , | | |
| ignature of Requester | r / person on who | se behalf request is made | |
| | | | |
| | | | |
| OR OFFICIAL USE | | | |
| OR OFFICIAL USE | | | |
| OR OFFICIAL USE Reference number: | | | |
| | | | |
| Reference number: | Ind | | |
| Reference number: Request received by: (State Rank, Name A Surname of Info | and prmation | | |
| Reference number: Request received by: (State Rank, Name A | | | |
| Reference number: Request received by: (State Rank, Name A Surname of Info | | | |
| Reference number: Request received by: (State Rank, Name A Surname of Info Officer) Date received: | | | |
| Reference number: Request received by: (State Rank, Name A Surname of Info Officer) | | | |
| Reference number: Request received by: (State Rank, Name A Surname of Info Officer) Date received: | | | |

Signature of Information Officer



FORM 3

FORM 3

OUTCOME OF REQUEST AND OF FEES PAYABLE

[Regulation 8]

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.

Please use the reference number hereunder in all future correspondence.

| Reference number: | |
|--|--|
| TO: | |
| Your request dated , refers. | |
| You requested: | |
| Personal inspection of information at registered address of public/private body (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) 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. | |
| OR | |
| You requested: | |
| Printed copies of the information (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form) | |
| Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc) | |



| Transcription of soundtrack (written or printed document) | | |
|---|--|--|
| Copy of information on flash drive (including virtual images and soundtracks) | | |
| Copy of information on compact disc drive(including virtual images and soundtracks) | | |
| Copy of record saved on cloud storage server | | |
| 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 (including transcriptions) | | |
| E-mail of information (including soundtracks if possible) | | |
| Cloud share/file transfer | | |
| Preferred language: | | |
| (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) | | |
| Kindly note that your request has been: | | |
| Approved | | |
| Denied, for the following reasons: | | |
| | | |
| | | |
| | | |
| | | |



Fees payable with regards to your request:

| ltem | 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: | | | |
| Flash drive | | | |
| To be provided by requestor | R40.00 | | |
| Compact disc | R40.00 | | |
| If provided by requestor | R60.00 | | |
| If provided to the requestor | | | |
| 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: | | | • |



| Deposit payable (if search exceeds six | hours): |
|--|---|
| Yes | No |
| Hours of search | Amount of deposit |
| | (calculated on one third of total amount per request) |
| The amount must be paid into the foll | lowing 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 | |