

PROMOTION OF ACCESS TO INFORMATION ACT 2/2020
(the “ACT”)

MANUAL
in terms of
Section 51 of the ACT.



Kaon Capital (Pty) Ltd
Reg. No.: 2014/269215/07

and



Kaon Investment Management (Pty) Ltd
An authorised Financial Services Provider (FSP No: 48460)
Reg. No.: 2017/242347/07

CONTENTS

Introduction 3
Contact Details..... 3
The Act 4
Applicable Legislation 4
Schedule of Records..... 5
Form of Request..... 5
Prescribed Fees 5

INTRODUCTION

ABOUT KAON CAPITAL

Kaon Capital is a JSE Derivatives Market member and provides brokerage services to clients across Equity, FX, Interest Rate and Commodity derivatives products.

ABOUT KAON INVESTMENT MANAGEMENT

Kaon Investment Management is an authorized Financial Services Provider (FSP No: 48460) in terms of the Financial Advisory and Intermediary Services Act. Kaon Investment Management provides advice and discretionary asset management services to clients with a primary focus on South African capital markets.

CONTACT DETAILS

DIRECTORS

Gregory Ronaldson
Conn O'Donoghue

CEO

Conn O'Donoghue

POSTAL ADDRESS

P.O. Box 130102
Bryanston
2074

STREET ADDRESS

6 Blackpool Road
Bryanston
Johannesburg
2191

TELEPHONE

010 005 0833/4/5

EMAIL

operations@kaoncapital.com
KIMoperations@kaoninvestment.com

THE ACT

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 tariff 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: www.sahrc.org.za

APPLICABLE LEGISLATION

1. Companies Act
2. Employment Equity Act
3. Income Tax Act
4. Labour Relations Act
5. Value Added Tax Act
6. Financial Advisory and Intermediary Services Act
7. Basic Conditions of Employment Act
8. Electronic Communications and Transactions Act
9. Promotion of Access of Information Act
10. Unemployment Insurance Act
11. Broad-Based Economic Empowerment Act
12. Disaster Management Act
13. Financial Institutions (Protection of Funds) Act
14. Financial Markets Act
15. Financial Sector Regulatory Act
16. Financial Intelligence Centre Act
17. Financial Services Board Act
18. Financial Services Ombud Schemes Act
19. Inspection of Financial Institutions Act
20. Labour Relations Act
21. Occupational Health and Safety Act
22. Prevention and Combating of Corrupt Activities Act
23. Prevention of Organised Crime Act
24. Promotion of Equality and Prevention of Unfair Discrimination Act
25. Protection of Constitutional Democracy against Terrorist and Related Activities Act
26. Protection of Personal Information Act

SCHEDULE OF RECORDS

<u>Records</u>	<u>Subject</u>	<u>Availability</u>
Public Affairs	<ul style="list-style-type: none">• Public Product Information• Public Corporate Records• Media Releases	www.kaoninvestment.com www.kaoncapital.com
Financial	<ul style="list-style-type: none">• Financial Statements• Financial and Tax Records (Company & Employees)• Asset Register• Management Accounts	Proprietary (Pty Ltd). Not available. Request in terms of PAIA
Marketing	<ul style="list-style-type: none">• Market Information• Public Customer Information:<ul style="list-style-type: none">○ Product Brochures• Field Records• Performance Records• Product Sales Records• Marketing Strategies• Customer Database	Limited Information available on website. Request in terms of PAIA.

FORM OF REQUEST

To facilitate the processing of your request, kindly:

1. Use the prescribed form, available on the website of the SOUTH AFRICAN HUMAN RIGHTS COMMISSION at www.sahrc.org.za.
2. Address your request to the Head of the Company (CEO).
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) The postal address or fax number of the requester in the Republic;
 - (e) If the requester wishes to be informed of the decision in any manner (in addition to written) the manner and particulars thereof;
 - (f) 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.

PRESCRIBED FEES

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

1. A requestor is required to pay the prescribed fees (R50.00) before a request will be processed;
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);
3. A requestor may lodge an application with a court against the tender/payment of the request fee and/or deposit;
4. Records may be withheld until the fees have been paid.
5. The fee structure is available on the website of the SOUTH AFRICAN HUMAN RIGHTS COMMISSION at www.sahrc.org.za.

FORM 2

REQUEST FOR ACCESS TO RECORD

[Regulation 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: <input type="text"/>
	Cellular:		
Full names 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			
<p><i>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.)</i></p>			
Description of record or relevant part of the record:			
Reference number, if available			
Any further particulars of record			
TYPE OF RECORD <i>(Mark the applicable box with an "X")</i>			
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
(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 RIGHT TO BE EXERCISED OR PROTECTED

If the provided space is inadequate, please continue on a separate page and attach it to this Form. The requester must sign all the additional pages.

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:	

FEEES	
a)	<i>A request fee must be paid before the request will be considered.</i>
b)	<i>You will be notified of the amount of the access fee to be paid.</i>
c)	<i>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.</i>
d)	<i>If you qualify for exemption of the payment of any fee, please state the reason for exemption</i>
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 <i>(Please specify)</i>

Signed at _____ this _____ day of _____ 20 _____

Signature of Requester / person on whose behalf request is made

FOR OFFICIAL USE

Reference number:	
Request received by: <i>(State Rank, Name And Surname of Information Officer)</i>	
Date received:	
Access fees:	
Deposit (if any):	

Signature of Information Officer

FORM 3
OUTCOME OF REQUEST AND OF FEES PAYABLE
 [Regulation 8]

Note:

1. 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.
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 prescribed in Annexure B.	
---	--

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 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 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 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>	

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	R40.00		
• To be provided by requestor			
(ii) Compact disc	R40.00		
• If provided by requestor			
• 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 service provider		
Copy of visual images			
Transcription of an audio record, per A4-size	R24.00		
Copy of an audio record			
(i) Flash drive	R40.00		
• To be provided by requestor			
(ii) Compact disc	R40.00		
• If provided by requestor			
• If provided to the requestor	R60.00		
Postage, e-mail or any other electronic transfer:	Actual costs		
TOTAL:			

5. 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 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