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MY LIFE GROUP HOLDINGS

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THE PROMOTION OF ACCESS TO  
INFORMATION ACT, NO 2 OF 2000

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JULY 2021

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## MANUAL

### IN TERMS OF THE PROMOTION OF ACCESS TO INFORMATION ACT, NO 2 OF 2000

(As required in terms of Section 51 of the Promotion of Access to Information Act, No 2 of 2000)

#### 1. PARTICULARS OF COMPANY GROUP AND AUTHORISED OFFICER

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1.1 1.1 This Manual applies to the PBS Company Group, which consists of the following entities:

**PETROS BUSINESS SOLUTIONS HOLDINGS (PTY) LTD, Reg no: 2006/010110/07 and PETROS BUSINESS SOLUTIONS (PTY) LTD, Reg no 2000/017318/07 THAT OWNS AND OPERATE THE MYLIFE PLATFORM & MYLIFE MOBILE APP FOR MY LIFE GROUP HOLDINGS, Reg no 2020/097068/07.**

1.2 Authorised officer: Johan Olivier

1.3 Head of organisation: Gerrit Stimie

1.4 Postal Address: Postnet Suite 49, Private Bag X1028, Lyttelton, 0140

1.5 Street Address: 1<sup>st</sup> Floor, Block B, Trent Bridge Office Park, 183 Leonie Street, Centurion, Gauteng, 0157

1.6 E-mail Address: popia@mylife.co.za

1.7 Website Address: www.mylife.co.za

1.8 Telephone number: +27 12 942 5111

#### 2. HUMAN RIGHTS COMMISSION GUIDE

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In terms of the Act, the Human Rights Commission will prepare a guide containing the information required by a person wishing to exercise any right contemplated in the Act.

Any queries concerning the guide should be referred to the Human Rights Commission in Johannesburg.

#### 3. CATEGORIES OF RECORDS AVAILABLE

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There is currently no description of categories of records that are automatically available in terms of Section 52(2) of the Act.

#### **4. DESCRIPTION OF RECORDS AVAILABLE**

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All records that are legally required to be kept by the company in terms of any applicable legislation, including the following legislation, are available:

- 4.1 Companies Act and Close Corporations Act
- 4.2 Labour Relations Act
- 4.3 Occupational Health and Safety Act
- 4.4 Basic Conditions of Employment Act
- 4.5 Employment Equity Act
- 4.6 Compensation for Occupational Injuries and Diseases Act
- 4.7 Unemployment Insurance Act
- 4.8 National Health Act
- 4.9 Consumer Protection Act
- 4.10 South African Constitution
- 4.11 Any other legislation relevant to the business concerned.

#### **5. REQUESTING RECORDS**

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Access to records may be requested by completing the prescribed form (attached hereto as Form C) and submitting it to the authorised officer as set out in paragraph 1 above.

Once a request is received; the authorised officer will contact the requester to advise him/her about the further management of the request.

#### **6. SUBJECTS AND CATEGORIES OF RECORDS**

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Records relating to the following subjects and categories are held by the company and may be requested:

- 6.1 Secretarial records
- 6.2 Relations and Contracting
- 6.3 Human Resources
- 6.4 Information Technology Services
- 6.5 Services and Products
- 6.6 Marketing
- 6.7 Property Services
- 6.8 Purchasing Services
- 6.9 Technical Services
- 6.10 Training and Development

**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 101]**

**A. PARTICULARS OF PRIVATE BODY**

The Authorised Officer (Designated Information Officer):  
Johan Olivier  
Fax:012 667 3416  
Email: popia@mylife.co.za

**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: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone number \_\_\_\_\_

Capacity in which request is made, when made on behalf of another person:

\_\_\_\_\_

\_\_\_\_\_

**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 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:

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**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:

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**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:**

Copy of record\* \_\_\_\_\_

Inspection of record \* \_\_\_\_\_

*\* [mark the appropriate space with an X]*

**2. IF RECORD CONSISTS OF VISUAL IMAGES**

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

view the copy of the images\* \_\_\_\_\_

transcription of the images\* \_\_\_\_\_

*\* [mark the appropriate space with an X]*

**3. IF RECORD CONSISTS OF RECORDED WORDS OR INFORMATION WHICH CAN BE REPRODUCED IN SOUND:**

Listen to the soundtrack\* (audio cassette) \_\_\_\_\_  
Transcription of soundtrack\* (written or printed document) \_\_\_\_\_

\* [mark the appropriate space with an X]

**4. IF RECORD IS HELD ON COMPUTER OR IN AN ELECTRONIC OR MACHINE-READABLE FORM:**

Printed copy of record\* \_\_\_\_\_

Information derived from the record\* \_\_\_\_\_

Copy in computer-readable form (compact disc)\* \_\_\_\_\_

If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? \*\* Yes / No

Postage is payable.

\* [mark the appropriate space with an X]

\*\* [encircle]

**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:

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2. Explain why the record requested is required for the exercise or protection of the aforementioned right:

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**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?

**I. COMPLIANCE WITH POPI ACT**

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\_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF REQUESTER**

\_\_\_\_\_  
**SIGNATURE OF PERSON ON WHOSE BEHALF REQUEST IS MADE (If applicable)**

\_\_\_\_\_

Obo \_\_\_\_\_