

Access to Information and Data
Subject Participation Manual



Go Benefits (Pty) Ltd

Registration number: 2015/432933/07

Go Benefits Access to information and data subject participation manual

When we refer to “we” or “us” in this Manual that means Go Benefits. “You” or “your” means you the requestor of the information.

The aim of the Promotion of Access to Information Act (PAIA)

The purpose of PAIA is to give effect to the constitutional right of access to information held by any private or public body that is required for the exercise or protection of your rights.

PAIA provides you with the right of access to information held by public and private bodies when you request such information in accordance with the provisions of PAIA, for the exercise or protection of any of your or another person’s rights.

If you make such a request, a public or private body must release the information unless PAIA or any other relevant law states that the records containing such information may not be released.

PAIA and this Manual

Go Benefits wants to ensure that persons are aware of how they can make requests of Go Benefits for information. The Manual also includes information about the data subject rights derived from POPIA. This Manual will be updated regularly as required.

Other relevant documents

Go Benefits has a data protection policy.

Introducing Go Benefits (Pty) Ltd (“Go Benefits”)

Go Benefits (Pty) Ltd is a registered company and is a private body under PAIA. For many of its activities Go Benefits is a responsible party under the Protection of Personal Information Act (POPIA).

Go Benefits provides consulting and other professional services to retirement funds and employers, in relation to their retirement fund and risk benefits provided to their employees. The Go Benefits clients to which we provide services to, are Responsible Parties in their own right.

Contact details of Go Benefits

You can contact Go Benefits and make your requests using these contact details:

Name of Fund	Go Benefits (Pty) Ltd
Registration number of Fund	2015/432933/07
Street address	Building 2, Country Club Estate Office Park, 21 Woodlands Drive, Woodmead
Postal address	PO Box 1701, Gallo Manor, 2052

Telephone number	+27 11 258 8825
E-mail address	jennifer@gobenefits.co.za
Information Officer	Jennifer Grefen

A guide about PAIA

Because the process of submitting a PAIA request can be quite daunting, the South African Human Rights Commission prepared a Guide to assist you to understand how to exercise your rights under PAIA.

This Guide is available in all the South African official languages. If you have any queries, or need a copy of the Guide, you can contact the SAHRC directly at:

<p>The South African Human Rights Commission</p> <p>PAIA Unit – The Research and Development Department</p> <p>Website: www.sahrc.org.za (also includes a copy of the Guide)</p>	<p>Braampark Forum 3, 33 Hoofd Street, Braamfontein</p> <p>Private Bag x 2700, Houghton 2041</p> <p>Tel: +27 11 877 3803 Fax: + 27 11 403 0625 Email: paia@sahrc.org.za</p>
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The Information Regulator will take over the responsibilities for PAIA on 30 June 2021 and the Information Regulator can be contacted using these contact details:

<p>33 Hoofd Street Forum III, 3rd Floor Braampark</p> <p>P.O Box 31533 Braamfontein, Johannesburg, 2017</p> <p>Mr Marks Thibela Chief Executive Officer</p> <p>Tel No. +27 (0) 10 023 5200 Cell No. +27 (0) 82 746 4173</p>	<p>Complaints email: complaints.IR@justice.gov.za.</p> <p>General enquiries email: inforeg@justice.gov.za.</p> <p>Website: https://justice.gov.za/inforeg/</p>
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What to do if you have a query relating to a Retirement Arrangement or Employer to which Go Benefits consults to?

The Fund to which you are a member, or the employer who employs you, is a private body under PAIA, and for many of its activities the Fund, and your Employer is a responsible party under the Protection

of Personal Information Act (POPIA). The Fund is a registered pension fund under the Pension Funds Act. The Fund is governed by a Board and has a Principal Officer. As such you need to contact the Fund directly for information that is held by the Fund.

Planned flow of personal information out of South Africa

Go Benefits does not transfer personal information out of South Africa during the usual course of business.

General description of security measures of Go Benefits

Go Benefits and its operators employs appropriate, reasonable technical and organisational measures to prevent loss of, damage to or unauthorised destruction of personal information and unlawful access to or processing of personal information.

These measures include:

- Firewalls;
- Virus protection software and update protocols;
- Logical and physical access control;
- Secure setup of hardware and software making up the information technology infrastructure; and
- Passwords and encryption.

Availability of this Manual

A copy of this Manual is available for inspection free of charge at Go Benefits registered office (see address in this Manual above) within normal business hours.

Documentation to be completed

Should you wish to access a record held by Go Benefits, the documentation attached to this manual needs to be completed and submitted to the Information officer (see details in this Manual Above). If you would like to access a Fund or Employer record, please approach the Fund or Employer directly.

FORM C: REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

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:

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2. Reference number, if available:

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3. Any further particulars of record:

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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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FORM C: REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

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 below, state your disability and indicate in which form the record is required.

Disability: <input type="text"/>	Form in which record is required: <input type="text"/>
Mark the appropriate box with an X .	
NOTES:	
(a) Compliance with your request for access 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:					
<input type="checkbox"/>	copy of record*	<input type="checkbox"/>	inspection of record	<input type="checkbox"/>	<input type="checkbox"/>
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*
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)	<input type="checkbox"/>	<input type="checkbox"/>
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)

*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.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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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:

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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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FORM C: REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY**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?

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Signed at this day..... ofyear

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SIGNATURE OF REQUESTER /
PERSON ON WHOSE BEHALF REQUEST IS MADE

END