ACCESS TO INFORMATION MANUAL

In terms of section 51 of the Promotion of Access to Information Act ("the Act")

1. INTRODUCTION

Aptekor Wholesale (Pty) Ltd, established in 1992, is a key part of the SPAR Health Group of companies and is a full-line pharmaceutical wholesaler supplying pharmacies, hospitals, medical practitioners, government institutions and non-governmental organisations (NGOs) throughout South Africa. The company specialises in the procurement, warehousing and distribution of pharmaceutical products, surgical supplies, medical devices and healthcare equipment, offering customers access to a comprehensive range of quality healthcare products from leading local and international suppliers. As a trusted distribution partner, Aptekor Wholesale is committed to providing reliable, efficient and customer-focused service. At all times, the company operates in full compliance with Good Wholesaling Practice (GWP) and all applicable South African regulatory requirements as prescribed by the South African Health Products Regulatory Authority (SAHPRA).

Requests for information of Aptekor Wholesale (Pty) Ltd must be made to the Information Officer, as per the details below and in the form reflected in **Annexure "A".** Requests for the correction or deletion of Personal Information must be made in the form reflected in **Annexure "B"**. All requests for information of Aptekor Wholesale (Pty) Ltd shall be considered in the light of the relevant sections in the Act.

2. SCOPE OF MANUAL

The manual grants access to records held by the Company.

3. CONTACT DETAILS OF THE INFORMATION OFFICER APPOINTED IN TERMS OF SECTION 51(1)(a)

Ludi Röntgen – **Information Officer**
2 Voortrekker Street, Citrusdal, 7340
Email: ludi@aptekor.co.za
TEL: +27 22 921 2255

Meline Röntgen – **Deputy Information Officer**
2 Voortrekker Street, Citrusdal, 7340
Email: meline@aptekor.co.za
TEL: +27 22 921 2255

4. SECTION 10 GUIDE [Section 51(1)(b)]

The Guide referred to in Section 10 of the Act is available from the Information Regulator. Please direct your queries to:

Information Regulator
Woodmead North Office Park
54 Maxwell Drive
Woodmead
Johannesburg
2191

5. RECORDS AVAILABLE WITHOUT A REQUEST TO ACCESS IN TERMS OF THE ACT (Section 51(1)(c))

Records lodged in terms of Government requirements with various statutory bodies, including the Companies and Intellectual Property Commission.

6. RECORDS AVAILABLE IN TERMS OF ANY OTHER LEGISLATION (Section 51(1)(d))

Requesters my make requests for information that may be requested in accordance with applicable South African legislation. Aptekor Wholesale (Pty) Ltd may refuse access to records on one or more of the grounds outlined in Charter 4 of the Act pertaining to, “Grounds for Refusal of Access to Records”.

7. FORMS OF REQUEST

7.1 To request a Aptekor Wholesale (Pty) Ltd document on the grounds not provided for in the Act, the requester must address the request to the Information Officer and Deputy Information Officer in writing, in the prescribed form available from the Information Regulator at: https://inforegulator.org.za/

7.2 Aptekor Wholesale (Pty) Ltd reserves the right to refuse a request based on PAIA sections 63 to 70 as follows:

S63. Mandatory protection of privacy of third party who is a natural person
S64. Mandatory protection of commercial information of a third party
S65. Mandatory protection of certain confidential information of third party
S66. Mandatory protection of safety of individuals, and protection of property
S67. Mandatory protection of records privileged from production in legal proceedings
S68. Commercial information of private body
S69. Mandatory protection of research information of third party, and protection of research information of private body
S70. Mandatory disclosure in public interest

7.3 A complaint may be lodged with the Information Regulator if a request is refused by a body using Form 5, available on the Information Regulator’s website at https://inforegulator.org.za

8. AVAILABILITY OF THE MANUAL

Copies of this manual are available for inspection at the office of the company during business hours and copies can be made available free of charge. Copies are also available on the Company's website https://www.aptekor.co.za/.

Requests for information must be submitted in accordance with the prescribed format and must be accompanied by the prescribed fee as provided for in Annexure B to the Regulations.

Annexure "A"

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 *(when made on behalf of another person)*				
Postal Address				
Street Address				
E-mail Address				
Contact Numbers	Tel. (B):		Facsimile:	
	Cellular:			
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 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 *(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)*	
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:	

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

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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 "B"

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".

Request for:

☐ Correction or deletion of the 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 longerauthorised to retain the record of information.

A	**DETAILS OF THE DATA SUBJECT**
Surname:	
Full names:	
Identity number:	
Residential, postal or business address:	
	Code ( )
Contact number(s):	
Fax number:	
E-mail address:	
B	**DETAILS OF RESPONSIBLE PARTY**
Name and surname of responsible party*(if the responsible party is a natural person)*:	
Residential, postal or business address:	
	Code ( )
Contact number(s):	
Fax number:	
E-mail address:	

Name of public or private body *(if the responsible party is not a natural person)*:	
Business address:	
	Code ( )
Contact number(s):	
Fax number:	
E-mail address:	

C	**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 POSSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY.** *(Please provide detailed reasons for the request)*

* *Delete whichever is not applicable*

Signed at ..... this ..... day of .....20.....

.....

Signature of Data subject