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PROMOTION OF ACCESS TO INFORMATION ACT (PAIA) MANUAL

Prepared in accordance with Section 51 of the Promotion of Access to Information Act 2 of 2000 (PAIA) and the Protection of Personal Information Act 4 of 2013 (POPIA)

Kyalami Schools NPC

Last Reviewed: January 2026

1. Introduction

Kyalami Schools NPC ("KSG") is committed to transparency, accountability, and the lawful processing of personal information. This PAIA Manual is compiled in accordance with PAIA and POPIA and explains how access to records may be requested.

2. Company Details

Registered Name:	Kyalami Schools NPC
Registration Number:	1995/009710/08
Physical Address:	84 Salvia Road, Midrand, 1684.
Postal Address:	PO Box 31065, Kyalami, 1684
Telephone:	+27 10 591 5004
Email:	info@kyalamischools.org
Website:	www.kyalamischools.org

3. Information Officer

Information Officer:	Mr Gavin Esterhuizen (Chief Executive Officer)
Deputy Information Officer:	Head: Beaulieu Preparatory School
	Head: Kyalami Preparatory School
	Head: Beaulieu College

Deputy Information Officers are designated by virtue of their role and operational need and may change from time to time.

4. Records Automatically Available

General school information, prospectuses, public policies, fee structures, and newsletters.

5. Categories of Records Held

Governance, Finance, Human Resources, Student and Parent Records, and Compliance-related records.

6. Processing of Personal Information (POPIA)

Personal information is processed for education delivery, employment, legal compliance, financial administration, and health and safety purposes, with appropriate technical and organisational safeguards in place.

7. Request Procedure

Requests for access to records must be submitted using the prescribed PAIA Form 02 and addressed to the Information Officer at info@kyalamischools.org. The requester must provide sufficient detail to identify the record requested and the right being exercised or protected.

8. Prescribed Forms

The following prescribed PAIA forms are included as annexures to this Manual:

- Annexure A: Form 02 – Request for Access to Record
- Annexure B: Form 03 – Outcome of Request and Fees Payable

9. Fees

The fees prescribed in terms of the PAIA Regulations apply. A request fee of R50.00 is payable for non-personal requests. Access, reproduction, and search fees are charged as prescribed, and a deposit may be required where applicable.

10. Remedies

If a request is refused, the requester may lodge a complaint with the Information Regulator or apply to a court of competent jurisdiction.

11. Availability

This PAIA Manual, together with its annexures, is available on the Kyalami Schools website and from the Information Officer upon request.

ANNEXURES

Annexure A: PAIA Form 02 – Request for Access to Record (attached)
Annexure B: PAIA Form 03 – Outcome of Request and Fees Payable (attached)

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

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 *(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

2. 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	

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 *(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:

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 • To be provided by requestor (ii) Compact disc • If provided by requestor • If provided to the requestor	 R40.00 R40.00 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 • To be provided by requestor (ii) Compact disc • If provided by requestor • If provided to the requestor	 R40.00 R40.00 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