Registration Number: 4590260396

Beethoven Recovery Centre (Pty) Ltd

(hereinafter referred to as "BRC" or "the Company" or "We")

MANUAL

In terms of

Section 51 of

The Promotion of Access to Information Act

2/2000

(the "ACT")

Table of Contents

1.	Nature of Business	3
2.	Company Details	3
3.	The ACT	4
4.	Applicable Legislation	5
5.	Schedule of Records	6
6.	Form of Request	7
7.	Prescribed Fees	8
8.	Decision to Grant Access to Records	8
9.	Remedies Available to The Requester Upon Refusal of a Request for Access in	n
	Terms of PAIA	9
10.	Amendments to this Manual	9
Δn	nexure A	ın

1. Nature of Business

Beethoven Recovery Centre (Pty) Ltd is a licensed, private Psychiatric Hospital as well as a residential Rehabilitation Centre for people with addiction.

2. Company Details (Section 51 (1) (a))

Name of body: Beethoven Recovery Centre (Pty) LTD

Information Officer: Ms Christelle Smith

Email address: christelles@beethovenrecovery.co.za

Physical Address: 28 Beethoven Street (Route 511), Hartbeespoort

Postal Address: Postnet Suite 534, Private Bag x0001, Ifafi, 0260

Telephone Number: (+27) 12 253 9922

3. THE ACT (Section 51(1) (b))

3.1. Access to Records Held by The Company

The promotion of Access to Information Act, 2000 (the "Act") gives third parties the right to approach private bodies to request information held by them, which is required in the exercise and/or protection of any rights. On request, the private body is obliged to release such information unless the Act expressly states that the records containing such information may or must not be released. This manual informs requestors of procedural and other requirements which a request must meet as prescribed by the Act.

3.2. Guide of The South African Human Rights Commission

A guide to the Act (as contemplated under section 10 of the Act) is available from the South African Human Rights Commission. The guide contains such information as may reasonably be required by a person who wishes to exercise any right contemplated in the Act. Any enquiries regarding this guide and its contents should be directed to:

The South African Human Rights Commission:

PAIA Unit (the Research and Documentation Department)

Postal address: Private Bag 2700, Houghton, 2041

Telephone: +27 11 484-8300

Fax: +27 11 484-7146

Website: www.sahrc.org.za

E-mail: PAIA@sahrc.org.za

Page4

4. Applicable Legislation (Section 51 (1) (c))

List of Applicable Legislation Records of the Company's and other legal entities in which the Company has a direct controlling interest may be kept by or on behalf of the Company in accordance with the following legislation:

- Basic Conditions of Employment Act 57 of 1997
- Companies Act 71 of 2008
- Compensation for Occupational Injuries and Diseases Act 130 of 1993
- Employment Equity Act 55 of 1998
- Labour Relations Act 66 of 1995
- Occupational Health and Safety Act 85 of 1993
- Unemployment Insurance Act 30 of 1966
- Unemployment Insurance Contributions Act 4 of 2002
- National Health Act
- Any other legislation relevant to the business concerned

5. Schedule of Records (Section 51 (1) (d))

The following are records pertaining to the Company's own affairs and those of its divisions. The personnel records stated refers to any person who works for or provides services to or on behalf of the Company and receives or is entitled to receive any remuneration and any other person who assists in carrying out or conducting the business of the Company. This includes, without limitation, directors, executive directors, non-executive directors, patients, all permanent, temporary, and part-time staff as well as contract workers.

Categories of Data Subjects	Personal Information Processed	Availability	
Directors/ owners and business	Personal Information of Board members, directors and/ or owners	Freely available at management offices	
partners	Minutes of Board of Directors meetings	Request in terms of PAIA	
	Records relating to the appointment of directors	Request in terms of PAIA	
	Records of loans and loan repayments	Request in terms of PAIA	
	Records of division of dividends	Request in terms of PAIA	
Management	Management meeting minutes	Request in terms of PAIA	
	Staff meeting minutes	Freely available at management offices	
	Official correspondence with service providers	Request in terms of PAIA	
	Correspondence with government departments	Request in terms of PAIA	
	Official correspondence with Company Auditors, Company Attorneys and Financial Institutions	Request in terms of PAIA	
	Service contacts with service providers	Request in terms of PAIA	
	Health and Safety register	Freely available at management offices	
	Maintenance schedules and checklists	Freely available at management offices	
	Incident reports	Request in terms of PAIA	
	SHEQ meeting notes and reports	Request in terms of PAIA	
	Utility records	Request in terms of PAIA	
Job Applicants	Curriculum Vitae	Request in terms of PAIA	
	Criminal checks	Request in terms of PAIA	
	Backround checks	Request in terms of PAIA	
	References from previous employers	Request in terms of PAIA	
Employees	Employee personal information	Request in terms of PAIA	
	Employee medical information	Request in terms of PAIA	
	Employee disability information	Request in terms of PAIA	
	Employee contracts	Request in terms of PAIA	
	Employee performance records	Request in terms of PAIA	
	Payroll records	Request in terms of PAIA	
	PAYE records	Request in terms of PAIA	
	Physical access records	Request in terms of PAIA	
	Surveillance records	Request in terms of PAIA	

	Health and Safety records	Request in terms of PAIA	
	Training records	Request in terms of PAIA	
	Employment history	Request in terms of PAIA	
	Time and attendance records	Request in terms of PAIA	
	Disciplinary records	Request in terms of PAIA	
	Leave records	Request in terms of PAIA	
Suppliers	Supplier information	Freely available at management offices	
Patients and	Patient personal information	Request in terms of PAIA	
potential patients	Relative of patient personal information	Request in terms of PAIA	
	Medical aid details of patient or main member of medical aid fund	Request in terms of PAIA	
	Medical condition/ history of patient	Request in terms of PAIA	
Visitors	Physical access records	Request in terms of PAIA	
	Surveillance records	Request in terms of PAIA	
	Visitor personal information	Request in terms of PAIA	
	Vehicle registration details	Request in terms of PAIA	
Financial Records	Annual Financial Statements	Freely available at management offices	
	Annual summary budget performance statements	Request in terms of PAIA	
	Annual company budget	Request in terms of PAIA	
	Company insurance policy	Request in terms of PAIA	
	Tax Records (company and employees)	Request in terms of PAIA	
	Accounting Records	Request in terms of PAIA	
	Banking Records	Request in terms of PAIA	
	Bank Statements	Request in terms of PAIA	
	Asset Register	Request in terms of PAIA	
	Rental Agreements	Request in terms of PAIA	
	Invoices	Request in terms of PAIA	

^{*} The records listed in the categories above may be formally requested, but access to parts of these records or the whole record may be refused on legal grounds.

6. Form of Request (Section 51 (1) (e))

To facilitate the processing of your request, kindly:

a. See prescribed form in annexure A. Alternatively, request the prescribed form from the Information Officer, Christelle Smith, and submit the completed Request for Access form as well as payment of a request fee (if applicable) and a deposit (if applicable), to the Information Officer at the Email, postal or physical address as stated in paragraph 2 above.

- b. Provide sufficient detail to enable the Company to identify:
 - i. The record(s) requested;
 - ii. The identity of the requestor (and, if an agent is lodging the request, proof of capacity);
 - iii. The South African postal address, email address or fax number of the requestor;
 - iv. The form of access required;
 - v. If the requester wishes to be informed of the decision in any manner (in addition to written) the manner and particulars thereof;
 - vi. The right which the requestor is seeking to exercise or protect with an explanation of the reason the record is required to exercise or protect the right.

7. Prescribed fees

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

- a. A requestor is required to pay the prescribed fees (R50.00) before a request will be processed.
- b. 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).
- c. A requestor may lodge an application with a court against the tender/payment of the request fee and/ or deposit.
- d. Records may be withheld until the fees have been paid.

8. Decision to Grant Access to Records

- a. Beethoven Recovery Centre shall decide whether to grant or decline the Request for Access within 30 days of receipt of the Request for Access and must give notice to the Requestor with reasons (if required) to that effect.
- b. The period referred to in paragraph 8.1 above may be extended for a further period of not more than 30 days if the Request for Access is for a large number of Records.
- Beethoven Recovery Centre will notify the Requester in writing should an extension of time as contemplated in paragraph 8.2 above be required

Page8

9. Remedies Available to The Requester Upon Refusal of a Request for Access in Terms of PAIA

Internal remedies

BRC does not have internal appeal procedures. As such, the decision made by the Information Officer is final, and Requesters will have to exercise such external remedies at their disposal if the Request for Access is refused.

External remedies

In accordance with sections 56(3) (c) and 78 of PAIA, a Requestor may apply to a court for relief within 180 days of notification of the decision for appropriate relief.

10. Amendments to This Manual

Amendments to, or a review of this Policy, will take place on an ad hoc basis or at least once a year.

REQUEST FOR ACCESS FORM (Section 53(1) (e) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))					
NAME OF THE COM	PANY TO WHOM THE R	EQUEST IS MA	DE:		
(Insert full name of co	mpany)				
PARTICULARS OF P	ERSON REQUESTING A	ACCESS TO INF	ORMATION		
Surname:			First Name:		
Identity Number:			Email Address:		
Telephone #:			Facsimile Number:		
Postal Address:					
PARTICULARS OF P	ERSON ON WHOSE BE	HALF REQUES	T IS MADE (IF APPLIC	ABLE)	
Surname:			First Name:		
Identity Number:			Email Address:		
Telephone #:			Facsimile Number:		
Postal Address:					
PARTICULARS OF RECORDS REQUESTED:					
Reference Number (if	applicable):				
FORM OF ACCESS T	O RECORD				
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. 					
(Mark the appropriate	shaded box with an X)				
1. If the record is in wi	ritten or printed form:				
Copy of record			Inspection of record		
2. If the record consists of visual images:(this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)					
View copy of the images			Transcription of the in	nages	
3. If the record consists of recorded words or information which can be reproduced in sound:					
Listen to the soundtrack Transcription of soundtrack					
4. If record is held on computer or in an electronic or machine-readable form:					
Printed copy of information		Derived from the record		Copy in computer readable form	

If you requested a copy or transcription of a record (above), do you wish the copy or transactions to be posted to you?	Yes	No		
If you are prevented by a disability to read, view or listen to the record in the form your disability and indicate in which form the record is required.	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 above state our disability and indicate in which form the record is required.			
Disability:				
Form in which record is required:				
PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED:				
EVDI ANATIONI OF WHY RECORD IS REQUIRED FOR EVEROISE OF PROTE	CTION OF ABOVE ME	ENTIONED DIGHT:		
EXPLANATION OF WITH RECORD IS REQUIRED FOR EXERCISE OF PROTE	EXPLANATION OF WHY RECORD IS REQUIRED FOR EXERCISE OR PROTECTION OF ABOVE MENTIONED RIGHT:			
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.				
SIGNATURE				
Signed at:	Date:			
Signature of the requester:				