

Maps Co
REGISTRATION NO.: 2004/1254/01223

MINUTES OF DIRECTORS MEETING

HELD AT: Sunninghill DATE: 09 June 2021 TIME: 10:43am

PRESENT:

Per attached attendance register.

QUORUM:

The necessary quorum being present, the meeting was declared properly constituted.

RESOLVED THAT

AUDITOR/OFFICERS:

VILLERS AMANDA is appointed as INFORMATION OFFICER

AUGUST SHANNAY is appointed as DEPUTY INFORMATION OFFICER

Signed as a correct record.

INFORMATION OFFICER REGISTRATION FORM

NAME OF COMPANY: **Maps Co**
REGISTRATION NUMBER: **2004/1254/01223**

NOTE: The personal information submitted herein shall be solely used for your registration with the information Regulator ("Regulator").

All the information submitted herein shall be used for the purpose stated above, as mandated by the law. This information may be disclosed to the public. The Regulator undertakes to ensure that appropriate security control measures are implemented to protect all the information to be submitted in this document.

**PART A
INFORMATION OFFICER**

Full Name of Information Officer	AMANDA VILLERS
Designation	7110250075082
Postal Address	201 Eglin, 14 Eglin Road, Sunninghill, Sandton, 2021
Physical Address	P O BOX 201 Eglin, 14 Eglin Road, Sunninghil
Cellphone Number	0836547896
Landline Number	0119340424
Fax Number	
Direct Email Address	refiloe@accfin.co.za
General Email Address	

INFORMATION OFFICER REGISTRATION FORM

NAME: **Maps Co**
REGISTRATION NUMBER: **2004/1254/01223**

**DEPUTY INFORMATION OFFICER
PART B**

Full Name of Deputy Information Officer or delegated Deputy Information Officer(s)	SHANNAY AUGUST
Designation	2211220004080
Postal Address	201 1410, 14 Eglin Road, Sunninghill, Sandton, 2190
Physical Address	P O BOX 14, Raedene, 2020
Cellphone Number	0835869586
Landline Number	0112624033
Fax Number	
Direct Email Address	
General Email Address	

INFORMATION OFFICER REGISTRATION FORM

NAME: **Maps Co**
REGISTRATION NUMBER: **2004/1254/01223**

Full Name of Deputy Information Officer or delegated Deputy Information Officer(s)	Phenyo Legodi
Designation	8902120428086
Postal Address	36 Libanon, 4 Kameeldoring, Naturena, Johannesburg, 2000
Physical Address	36 Libanon, 4 Kameeldoring, Naturena, Johannesburg, 2000
Cellphone Number	0728491452
Landline Number	0112123653
Fax Number	
Direct Email Address	
General Email Address	

INFORMATION OFFICER REGISTRATION FORM

NAME: **Maps Co**
 REGISTRATION NUMBER: **2004/1254/01223**

**PART C
 BODY/ RESPONSIBLE PARTY**

Type of Body	Public body	<input type="checkbox"/>	Private Body	<input type="checkbox"/>
Full Name of the Body (Registered Name)				
Trading Name				
Registration No, if any				
Postal Address				
Physial Address				
Fax Number				
Email Address				
Website				

**PART D
 DECLARATION**

I declare that the information contained herein is true, correct and accurate.

SIGNED and **DATED** at _____ on this the _____ day of _____ **202** ____

INFORMATION OFFICER

INFORMATION OFFICER REGISTRATION FORM

NAME: **Maps Co**
 REGISTRATION NUMBER: **2004/1254/01223**

PART E

THE FOLLOWING INFORMATION IS REQUIRED FOR STATISTICAL PURPOSES

Please choose a sector (s) that apply to your Body

GOVERNMENT			PUBLIC ENTITIES			PRIVATE BODY			PROFESSION		
Item	Classification Government	X	Item	Classification of a Public Entity	X	Item	Name of Industry Sector	X	Item	Type of profession	X
1.	National Government		1.	Constitutional Entities		1.	Education		1.	Legal	
2.	Provisional Government		2.	Schedule 2 Public Entity		2.	Financial		2.	Built Environment	
3.	Local Government		3.	Schedule 3A Public Entity		3.	Health Facilities		3.	Financial	
LEGISLATURE			4.	Schedule 3B Public Entity		4.	Telecommunications		4.	Medical and Allied	
National Assembly			5.	Schedule 3C Public Entity		5.	Pharmaceutical		OTHERS, Specify		
National council of Provinces			OTHERS, specify			6.	Media and Social Media		5.		
Gauteng Provincial Legislature			6.			7.	Retail/Direct Marketing				
Western Cape Provincial Legislature						8.	Tourism				

INFORMATION OFFICER REGISTRATION FORM

NAME: **Maps Co**
 REGISTRATION NUMBER: **2004/1254/01223**

GOVERNMENT		PUBLIC ENTITIES	PRIVATE BODY		PROFESSION	
Northern Cape Provincial Legislature			9.	Transportation, Storage and Logistics		
Limpopo Provincial Legislature			10.	Manufacturing/Production		
Northwest Provincial Legislature			11.	Health Facilities		
Free State Provincial Legislature			12.	Telecommunications		
Mpumalanga Provincial Legislature			13.	Pharmaceutical		
Eastern Cape Provincial Legislature			OTHERS, Specify			
KwaZulu-Natal Provincial Legislature						

The Department of Justice
Consent for Appointment of Information Officer

Name of Company: **Maps Co**
 Registration Number: **2004/1254/01223**

About this Form: This form needs to be signed for the appointment of the Information or Deputy Information Officer

I hereby consent to my appointment as an Information or Deputy Information Officer of the above-named company in terms of the POPI Act.

1. Full name/former name, if any:	AMANDA VILLERS			
2. Identity number:	7110250075082			
3. Nationality:				
4. Passport number, if not South African:				
5. Date of appointment:	09/05/2019			
6. Designation in company:	INFORMATION OFFICER			
7. Residential address:	201 Eglin, 14 Eglin Road, Sunninghill, Sandton, 2021			
8. Business address:	3742 Tlou Street, Zola North, Extension, P.O Kwa-Xuma, 1868			
9. Postal address:	P O BOX 201 Eglin, 14 Eglin Road, Sunninghil			
10. Occupation:				
11. South African Resident:	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>
12. E-Mail Address:	refiloe@accfin.co.za			
13. Cell Number:	0836547896			

The undersigned parties confirm:

1. That the information Officer has studied the Act referred to and especially Section 55 of the Act;
2. That the Deputy Information Officer has studied the Act referred to and especially Section 55 of the Act;
3. That he or she assumes full responsibility for the task according to the role and responsibility required;
4. That the Information Officer will execute the requirements of the Act according to the Act;
5. That he or she will report all matters related to the Act to the Managing Director, who will take instructions from the board if required.

Signed on this, the day of 2021 at

.....
 Information Officer

The Department of Justice
Consent for Appointment of Information Officer

Name of Company: **Maps Co**
 Registration Number: **2004/1254/01223**

About this Form: This form needs to be signed for the appointment of the Information or Deputy Information Officer

I hereby consent to my appointment as an Information or Deputy Information Officer of the above-named company in terms of the POPI Act.

1. Full name/former name, if any:	SHANNAY AUGUST			
2. Identity number:	2211220004080			
3. Nationality:	South African			
4. Passport number, if not South African:				
5. Date of appointment:	09/05/2019			
6. Designation in company:	DEPUTY INFORMATION OFFICER			
7. Residential address:	201 1410, 14 Eglin Road, Sunninghill, Sandton, 2190			
8. Business address:	3742 Tlou Street, Zola North, Extension, P.O Kwa-Xuma, 1868			
9. Postal address:	P O BOX 14, Raedene, 2020			
10. Occupation:	Financial Manager			
11. South African Resident:	yes	<input checked="" type="checkbox"/>	no	<input type="checkbox"/>
12. E-Mail Address:	refiloe@accfin.co.za			
13. Cell Number:	0835869586			

The undersigned parties confirm:

1. That the Information or Deputy Information Officer has studied the POPI Act referred to and especially Section 55 of the Act;
2. The Information or Deputy Information Officer assumes full responsibility for the task according to the role and responsibility required;
3. That the Information Officer will execute the requirements of the POPI Act according to the Act;
4. That the Information Officer will report all matters related to the POPI Act to the Managing Director or Chief Executive Officer, who will take instructions from the board if required.

Signed on this, the day of 2021 at

.....
 Deputy Information Officer

Protection of Personal Information Act Assurance Certification [Section 2 of Act 4 of 2013]

The Protection of Personal Information Act 4 of 2013 (POPIA) applies to the processing of Personal Information of the Data Subject according to Section 3(1)(a) and Section 3(1)(b) entered in a Record by or for a Responsible Party by making use of automated or non-automated means, provided that when the Recorded Personal Information is processed by non-automated means and forms part of a Filing System or is intended to form part of a Filing System. It is hereby certified that the Company subscribes to the standard prescribed by POPIA.

Certified Company: Maps Co

Registration Number: 2004/1254/01223

Physical address:

Managing Director: Name:

Identity number:

Chief Executive Officer: Name:

Identity number:

Information Officer: Name:

Identity number:

System Assurance:

Certified on behalf of the Company on this, the day of 2021 at



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Information Officer

Date of Issue: 02 June 2021

According to the Information Officer the Company achieved a reasonable level compliance according to Section 2 of the Protection of Personal Information Act 2013 (enacted in Gazette 42110 on 13 Nov 2018). The reasonable assurance report generated by the system referred to, is available for inspection at the registered office of the Company together with the accompanying policies, procedures and related agreements. This certification has been determined on the basis of information provided by the Information and/or Deputy Information Officer and may not be complete in all respects. The Company does not accept or assume responsibility to third parties prior to the approval of the Protection of Personal Information Regulator.