

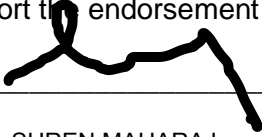



Companies and Intellectual
Property Commission

a member of **the dtic** group

CIPC THIRD QUARTER PERFORMANCE REPORT 2020/21

Approval of the Report

Endorsement Support by the Audit Committee	
I hereby support the endorsement of the report	
Signature :	
Name :	SUREN MAHARAJ
Rank :	AUDIT COMMITTEE CHAIRPERSON
Date :	29/01/2021

Endorsement by the Accounting Authority	
I hereby endorse the report	
Signature:	
Name :	Rory Voller
Rank :	Commissioner
Date :	29 January 2021

* For the purpose of this Report:

Accounting Officer means the person responsible for the daily operations of the entity, eg CEO

Accounting Authority means a person representing a body that provides oversight on the entity, eg Board/Tribunal Chairperson and/or Minister's direct Reportee eg. Commissioner/ CEO

Acronyms

Abbreviation	Description
AFS	Annual Financial Statements
APP	Annual Performance Plan
BISG	Business Intelligent Services Group
CGSE	Corporate Governance Surveillance and Enforcement
CIPC	Companies and Intellectual Property Commission
COVID-19	Coronavirus (2019 Novel Coronavirus)
DPME	Department of Planning, Monitoring and Evaluation
EPO	European Patent Office
FAS	Financial Accountability Supplements
IAP	Inventor Assistance Programme
IFRS	International Financial Reporting Standards
IP	Intellectual Property
IPAS	Industrial Property Automation System
MoU	Memorandum of Understanding
PEB	Patent Examination Board
QRS	Query Resolution System
SAPS	South African Police Service
SARS	South African Revenue Service
SEDA	Small Enterprise Development Agency
SDS	Service Delivery Standards
SMME	Small, Medium and Micro Enterprises
SSE	Substantive Search and Examination
the dtic	the Department of Trade, Industry and Competition
WIPO	World Intellectual Property Organization
XBRL	eXtensible Business Reporting Language

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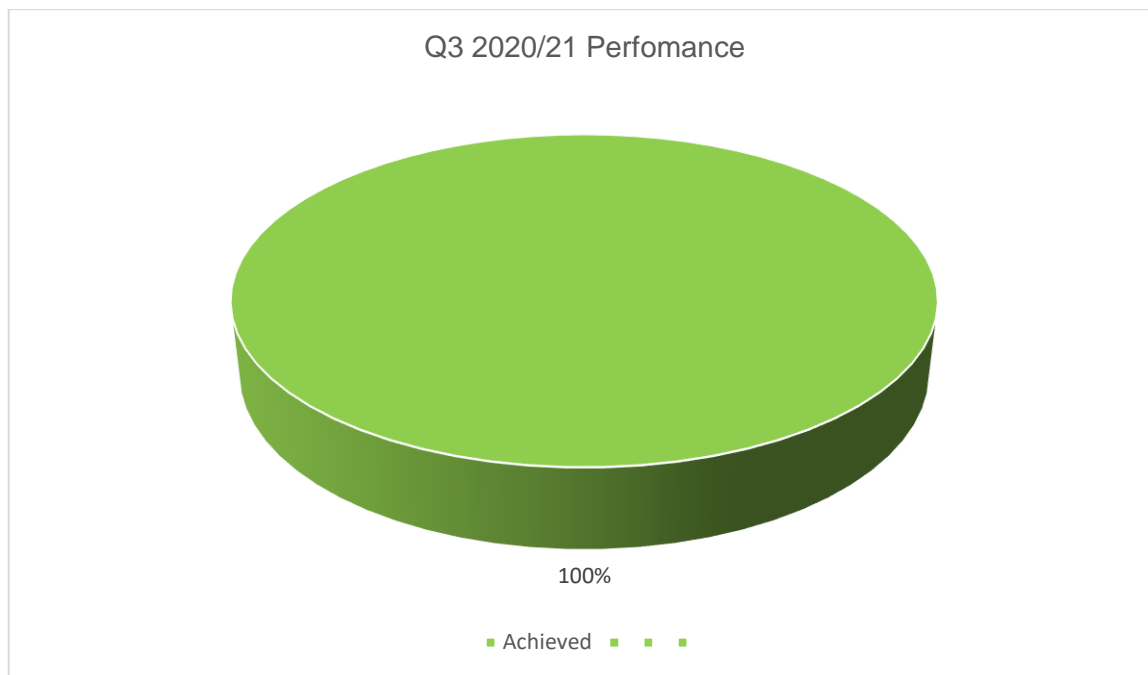
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1. Introduction and Purpose

The purpose of this report is to outline the Companies and Intellectual Property Commission's (CIPC's) 2020/21 third quarter performance against its plans and targets, outlined in its Annual Performance Plan (APP) for the 2020/21 reporting period.

100% of the APP targets were met during this quarter as shown in Figure 1. See Section 5.3 for detailed performance information.

Figure 1: Q3 2020/21 Performance



2. Situational/Environmental Analysis

2.1 Service Delivery Environment

The CIPC continued to operate under the Disaster Management Regulations precipitated by the need to deal with the public health threat of the Coronavirus (COVID-19), during the period under review. With the move to lockdown alert level 1 and the re-start of the economy, it is imperative that the CIPC re-commences with the prescribed legal timeframes and other regulatory compliance obligations which were extended during the previous alert levels of the lockdown. With effect from 1 December 2020, all extensions provided for compliance activities ceased.

2.1.1 IP applications, enterprise registration, amendments and disclosures

Table 1: IP Applications, Enterprise Registration, and Amendment Services shows the number of applications, registrations, and amendments processed, and the average turnaround time it took to process each of these services.

Table 1: IP Applications, Enterprise Registration and Amendment Services

CIPC Services	Number/Average Turnaround Time (ATAT)	Quarter 1	Quarter 2	Quarter 3
Patents applications	Number	2 075	2070	2 046
	ATAT	4 days	2 days	2 days
Designs applications	Number	510	391	402
	ATAT	2 days	3 days	2 days
Copyright in film	Number	No report	4	14
	ATAT	No report	25 days	3 days
Trade marks applications	Number	8 234	10 916	10 314
	ATAT	3 days	3 days	3 days
Name reservations	Number	79 482	168 212	101 622
	ATAT	2 days	2 days	1 day
Companies Registrations	Number	106 332	158 746	112 895
	ATAT	2 days	2 days	1 day
Domain Name Registrations	Number	2 436	3 423	514
	ATAT	N/A	N/A	N/A
Co-operatives Registrations	Number	643 Manual	1 575 Manual	2 286 Manual
	ATAT	2 days	3 days	2 days
Director Amendments	Number	719 Manual 28 059 Electronic	1 264 Manual 50 226 Electronic	1 125 Manual 37 391 Electronic
	ATAT	3 days Manual 1 day Electronic	4 days Manual 1 day Electronic	3 days Manual 2 days Electronic
Member Amendments	Number	1384 Manual 2 910 Electronic	3 087 Manual 5 619 Electronic	1 445 Manual 4 510 Electronic
	ATAT	3 days Manual 1 day Electronic	2 days Manual 1 day Electronic	2 days Manual 1 day Electronic
Auditor Changes	Number	1 061 Manual 10 845 Electronic	1 775 Manual 11 158 Electronic	1 646 Manual 8 841 Electronic
	ATAT	2 days Manual 1 day Electronic	2 days Manual 1 day Electronic	2 days Manual 1 day Electronic
Company Name Changes (manual filing discontinued October 2019)	Number	16 999	21 763	15039
	ATAT	1 day	1 day	1 day
Company Financial Year	Number	1 307	1 492	1360

CIPC Services	Number/Average Turnaround Time (ATAT)	Quarter 1	Quarter 2	Quarter 3
End Changes (manual filing discontinued October 2019)	ATAT	1 day	1 day	1 day
BBBEE Certificates	Number	65 885	88 603	14 277
	ATAT	N/A	N/A	N/A

Patents and Designs Applications

The Patents and Designs Division satisfactorily maintained and complied with the service delivery standards set for processing both patents and designs applications. The patents and designs applications received were 2 046 and 402 respectively. However, a lower number of patent applications were received as compared to the previous quarter and a higher number for designs applications compared to the previous quarter.

The impact of the COVID-19 pandemic has significantly affected the number of patents applications filed during this period as compared to the previous financial year and a slightly higher number of designs applications were received.

The Division is in the process of deploying a fully automated IP Administration system with the assistance of WIPO, as the division's workflow is mainly manual.

Copyright in film Applications

The CIPC received increased number of films applications during this reporting period. Twenty- eight (28) film applications were received, fourteen (14) were processed while the other fourteen (14) applications were queried and referred back to applicants due to non-compliance. The turnaround time for film applications is three days.

With regard to the rise of film filing under this quarter, it is difficult to single out one contributing factor, as there are lot of variables that might influence the filings. The online filing that CIPC has thus far introduced contributed positively to ease filing of films.

The unit is currently training an official to process the films applications and a progress has been made although the training is continuing. The other problem encountered in the filing of films is that most of the applicants are filing on their own which very often leads to non-compliance with the requirements.

Trade Marks

For the period under review, the division has maintained its compliance with the external service delivery standards with regard to:-

- Processing of new applications
- Processing of requests for special searches
- Processing of renewal applications
- Issuing of registration certificates

The division has also consistently during this period exceeded the external service delivery standard in relation to the issuing of a 1st official actions at 7 months on average, where the external SDS is 12 months.

The number of new applications for the period October – December 2020, was 10,314. The number of new trade mark applications for the same period in 2019/2020, i.e. October – December 2019, was 9,754.

2.1.2 Annual Financial Statements and Annual Returns Filings

Annual Financial Statements

During Q3, the CIPC received the volumes below and actioned as per the report in the table below.

Table 2: Annual Financial Statements

Statistics	Description
4051	Annual Financial statements received
193	Annual financial statements reviewed (With focus on IAS 1, IFRS 15 / IAS 18)
71	Pro-active investigations

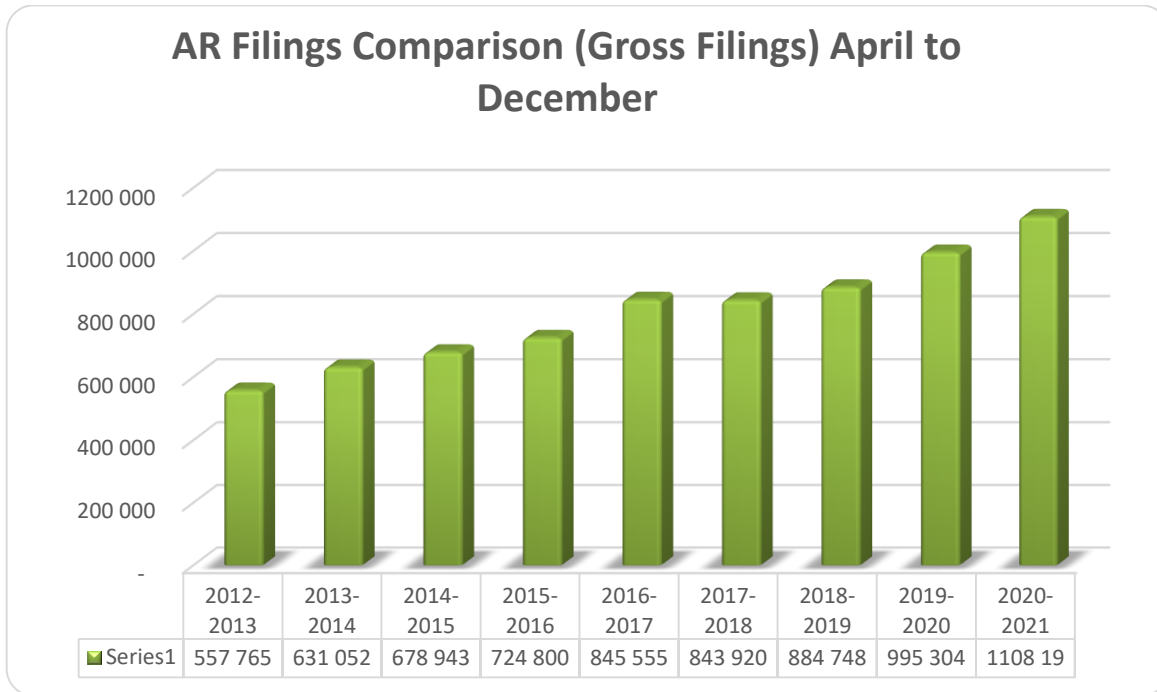
On 1 October 2020, the latest eXtensible Business Reporting Language (XBRL) taxonomy updates were implemented successfully. These include the 2020 International Financial Reporting Standards (IFRS) updates as released by the International Accounting Standards Board (IASB) as well as the Generally Recognized Accounting Practice (GRAP) standard as by the South African Accounting Standards Board (SAASB).

A XBRL Specialist was appointed in October 2020 and this has gone a long way in introducing stability. The availability of the functionality for filing online and its integration with Annual Returns under “Hard-stop” capability, contributes positively to the sustainable filing volumes.

The CIPC embarked on the XBRL change management interventions at the virtual CIPC Finance Indaba 2020 and SAIPA Conference, ITCG webcast was held on 07 October 2020 whilst some colleagues attended a virtual IFRS Foundation Trustee Webinar on Sustainability Reporting 17 November 2020. The National Treasury will be engaged to provide data on GRAP reporting entities so that they can be engaged directly as part of change management as it is going to be mandatory from 01 October 2021 to file GRAP in XBRL.

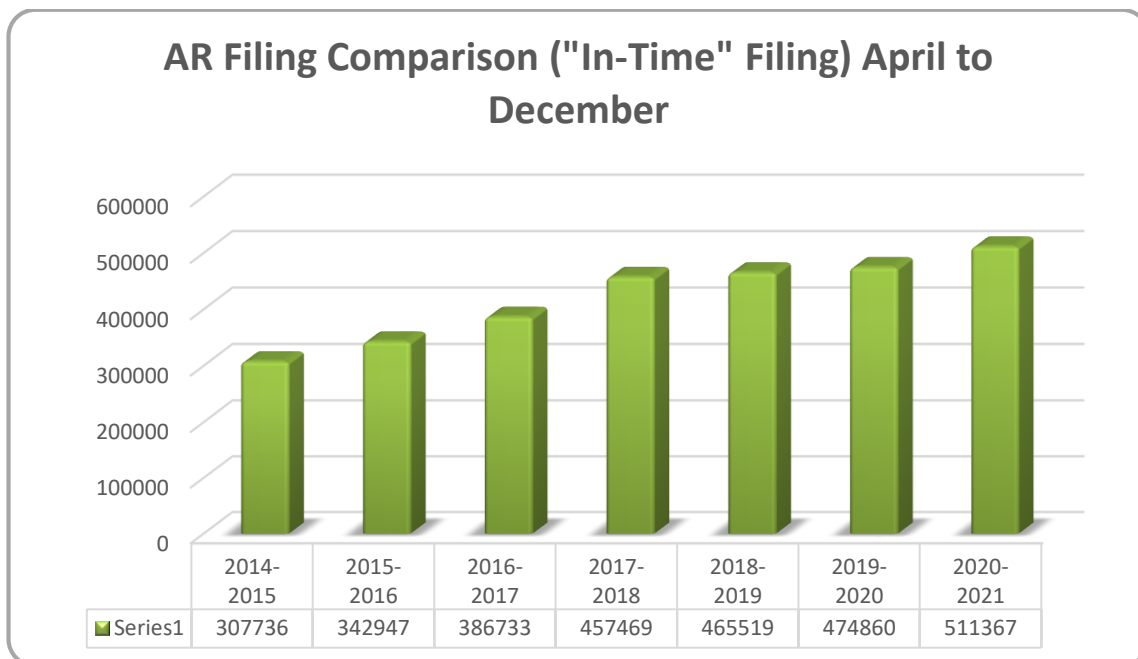
Annual Returns

Figure 2: Annual Returns Gross Filing Rate



The gross volume of Annual Return filings continued to increase as per previous years. This is due to increased awareness within the business community of the duty to file Annual Returns. This includes the issuing of text messages and e-mail reminders to companies and close corporations that they are due to file, notifications of pending final deregistration of companies and close corporations and awareness activities undertaken the last couple of years.

Figure 3: Annual Returns In time Filing Rate



The trend of increased “in-time” filing rate continued for the same reason as for the gross filing rate.

The logical assumption, with the severe downturn of the economy due to COVID-19 and the national lockdown, that less entities would file Annual Returns. It is encouraging to see the increase in compliance (albeit late compliance since Annual Returns are filed outside of the legal filing period) and a possible reason for such may be the understanding that such is a legal obligation and must be complied with regardless of the financial position of the entity.

Some payment challenges were experienced during Quarter 3, but the Annual Return filing component is currently in its redesign phase and an improved version is planned to be released during Quarter 1 or Quarter 2 of 2021-2022. The enhancements will include simultaneous filing of entity changes (e.g. address, financial year end), and more consistent compliance validations across the different channels used for Annual Return filings.

2.1.3 Education and awareness

Corporate Education and Voluntary Compliance

During the period under review, the CIPC hosted various webinars and participated in online events and webinars upon invitation from external stakeholders on matters regarding the Companies Act and related legislation, in order to further knowledge of customers and the public in terms of legislative compliance and CIPC services. This includes the Cooperatives Amendment Act, Director Duties, the Annual Financial Statements and the XBRL. In addition, customers were assisted on CIPC Facebook with

their queries. A service provider was appointed to develop translated compliance videos from English into three other South African languages.

IP Education

The IP Education and Awareness unit has thus far adapted well to the new ways of working and the model is increasingly introduced to the CIPC customers. Ten (10) education and awareness sessions were conducted on a virtual platform. These include IP campaigns for tertiary institutions such as UKZN, University of Limpopo and the Sol Plaatjie University, copyright workshops for small and medium enterprises in partnership with the Small Enterprise Development Agency (SEDA). There was also a focused session with the South African Music Union (SAMU).

On-line sessions provide opportunity for CIPC to reach large audience with ease but at the same time it places a financial burden to poor citizens who struggle to afford data to connect to virtual platforms.

The CIPC Learning Academy

This is an organizational-based intervention with the purpose of establishing an integrated learning platform on all CIPC external capacity building programs. A steering committee was formally established. In Q3, the draft conceptual framework document was updated with more detail and was circulated for input to MANCO (scheduled for recommendation at the next MANCO meeting in January 2021).

A terms of reference document was also finalized to improve the governance of this activity and that of the steering committee. WIPO has committed its support to assist the CIPC (South Africa), in establishing the academy and a survey questionnaire is in completion as the next step. Due to the resignation of the current chairperson, interim arrangements are in place.

The IP for SMME Program

Within the broader objective of capacitating SMMEs in the effectively use IP, webinars continued to be hosted in this Quarter per the approved implementation plan. Based on the “train the trainer” model, a group of over 20 persons have been identified who will be trained as trainers. The objective is to create a critical mass of persons who will continued the capacity building initiatives at district levels without placing too much dependence on the CIPC capacity. At this stage, a formal programme for the trainers is under development. Other interventions include the development of the IP for SMME portal – to be hosted on the CIPC webpage.

IP BRICS

The major thrust of the IP BRICS formation is centred on capacity building and education and awareness. BRICS partners collaborate on several projects that are aligned to the

overall objective of the BRICS development programme. In Q3 the following events were held in which all BRICS partners participated and shared collective input:

- Round table discussion on Designs - 20 October 2020
- 24th International Conference of Rospatent - 20-21 October 2020
- Examiners training - 27-29 October 2020
- 2020 China-Africa Online Training on Intellectual Property - Nov 20 to Dec 04 2020

2.1.4 Compliance and enforcement

Corporate Governance, Surveillance and Enforcement (CGSE)

The CGSE Unit is responsible for the handling of all complaints that relate to the alleged non-compliance with or transgression of the Companies Act 71 of 2008. Depending on the nature of the allegation(s), complaints maybe assessed and closed, referred to another competent institution/agency or they may be escalated into a full investigation by the Unit in order to confirm or refute the allegations. Below is the statistics of cases for the period under review.

1- 31 October 2020

Case intake (Received)	Escalated	Closed	Open
35	7	15	14

1-30 November 2020

Case intake (Received)	Escalated	Closed	Open
37	4	10	23

1-23 December 2020

Case intake (Received)	Escalated	Closed	Open
8	N/A	N/A	8

SUMMARY INFORMATION FOR THE QUARTER

Total number of cases received	:	80
Total number of cases closed	:	25
Total number of cases escalated	:	11
Total number of cases pending (open)	:	44
Units overall performance	:	55%

NB: One (1) Inspection was finalised in the period. Please note that the matter had been received and escalated to an inspection on 19 September 2019, before this current reporting period.

The CGSE Unit has performed at 55 percent in terms of new cases received (KPA-1). The outbreak of the COVID-19 pandemic affected the Senior Manager, who had to be confined to working from home due to her age. Since the hard lockdown and beyond, technology challenges were a constant challenge with her unable to access her work emails. This has resulted in most of Inspectors' submissions for a determination on complaints being delayed. She retired in December 2020. The Commissioner proposed a new way of working in mitigation.

The COVID-19 pandemic has impacted negatively on turnaround times. Co-operation from parties affected by complaints/investigations is not always prompt due to the impact of the pandemic. It has also been difficult to make significant progress in investigations due to the Disaster Management Act 57 of 2002 restrictions that resulted in the prohibition of members of the public from accessing government buildings, **the dtic** campus in our case through a directive that was issued by the Department of Public Service and Administration.

There has also been a challenge in serving summonses. The CIPC relies on the State Attorney's Office for this exercise. Once again, the COVID-19 outbreak and the concomitant hard lockdown has slowed up progress in the serving of summons and subsequent interviews, thus resulting in further delays in the duration of investigations. Matters that require physical interaction with affected parties will be delayed further until the Public Service and Administration Department has lifted the restriction on meetings with members of the public.

The implementation of Vision 2030 Strategy once the new financial year ensues in April 2021 presents an opportunity for the CGSE Unit to reposition itself and enhance the role of the CIPC as a reputable Regulator. The mandate articulated in the Companies Act 71 of 2008, as well as the strategic objectives of Vision 2030 and **the dtic** Minister's shareholder compact, all provide direction in terms of actions that need to be taken by the CIPC in order to encourage and enforce companies to comply with the Act and change behaviours in the corporate landscape. This will further assist South Africa to attract Foreign Direct Investment that is much needed for economic growth, economic development and creation of employment opportunities.

The pending finalisation of the impending Organisation Design process will also assist the CGSE Unit by providing requisite skills and additional personnel thus improving on the current capacity. The Unit will be able to tackle sophisticated and impactful cases especially proactive matters because it is largely the proactive actions that register the presence and efficiency of the Regulator.

Corporate Disclosure and Compliance

The Unit continues to actively monitor patterns of compliance actively, through review of cases in its registers and issuance of compliance notices; use of technology and the business intelligence reports coming through from the digital reporting mechanisms. The Unit engaged relevant stakeholders actively through use of virtual mechanisms, e.g. MS Teams, Zoom, inter alia.

The continued lockdown throughout the reporting period had an effect on entities being engaged in terms of not being able to finalize their Annual Financial Statements amongst other things. The Reportable Irregularities (RI) stream observed the issue of non-adjusting events and anticipates a possible increase in the new quarter, i.e. it is an event that arises after the reporting period (financial year-end). COVID-19 may be regarded in terms of IAS 10 then as a non-adjusting event in the financial statements. Non-adjusting events should be disclosed in the financial statements if they are of such an importance that non-disclosure would affect the ability of users to make economic and financial decisions. Companies must therefore be cautious when they do estimates or fair value accounting estimates. This may put stress on the solvency of companies which auditors need to report on.

The Unit liaised with the Independent Regulatory Board for Auditors (IRBA) on the co-operation of auditors to share related information regarding the RIs they issue. The IRBA in October did not agree with our view and they were of the opinion that a subpoena must be used as a method to obtain information from the auditors who issued the specific RI. The opinion may lead to delays in investigations of RI's.

Copyright and IP Enforcement

The Unit continued to focus on collaboration, as it has proven to support our objectives, to fight piracy and counterfeiting, not only on a national level but also globally.

Support to law enforcement included participation in the following task teams and committees, the Africa Regional Pharma Crime (and Other Counterfeits) Working Group, and provides to support to counterparts in neighbouring countries and provides an African Continent perspective. The Interpol Crime Group has a national enforcement focus and the Pharma Crime Task Group is focusing on local counterfeit and illicit trade in pharmaceutical products. Work done on these committees include; following up on counterfeit Olive Oil; Chicken imports and various contraventions in the Pharma Industry. Products confiscated in our markets included counterfeit 3M protective gear and tablets in many forms. Not clamping down on these products will cause consumers to suffer and may cause health workers to be exposed to the virus.

The ongoing pandemic and the lockdown restrictions have created fertile ground for smuggling counterfeit PPE's vaccines and other medicines. An increase in seizures of these goods were seen. It is however only the tip of the iceberg and continuous support to law enforcement is required.

Training law enforcement officials in the South African Police Service (SAPS) is a challenge. New ways to reach them are being explored. Currently social media platforms such as WhatsApp is used. Border posts are under severe pressure with people migrating to be with family over the festive season. This has put additional strain on resources that combat illicit trade.

The Unit provided strategic support during the hosting on 17 and 18 November of the Invest SA Conference 2020. The priority was to ensure that the streets around the Sandton Convention Centre are cleared of any counterfeit goods. Information on enforcement of IPR were shared with SAPS officials and committee members.

The gathering of statistical information to identify trends and support enforcement is a concern. Cell phone technology will be used to develop an application that will support accredited officials to gather accurate and timely statistical information. The application is envisaged to be reading for testing in 2021/2022.

2.1.5 Customer contact: Call Centre, QRS, and Social Media

Table 3: Customer Contact: Call centre, QRS, and Social Media shows overall performance of the customer contact platforms.

Table 3: Customer Contact: Call Centre, QRS and Social Media

Platform	Number	Quarter 1	Quarter 2	Quarter 3
Call Centre	Calls received	100 779	Not determinable	Not determinable
	Calls answered (%)	49 381 (49%)	34 301	23 066
Query Resolution System	Queries received	22 518	37 433	29 264
	Queries resolved for the quarter (%)	21 674 (96%)	37 148 (99.2%)	28 323 (96.8%)
	Queries resolved during the quarter	23 088	37 013	28 453
	Queries resolved outside the turnaround time	3 437 (14.9%)	2 486 (6.7%)	2 130 (7.5%)
Facebook	Queries received	27 409	27 220	21519
	Queries resolved (%)	19 392 (70%)	23 405 (86%)	20034 (93%)
Twitter	Queries received	24 729	8 552	6252
	Queries resolved (%)	5 825 (23%)	3 976 (46%)	2661 (42%)

Call Centre

The number of calls answered by the Call Centre during Quarter 3 dropped significantly in comparison to Quarter 1 and Quarter 2. This can be attributed to several factors. Firstly, the call centre is in the process of acquiring a cloud based contact centre system, which will enable proper management of agents working from home. This is still in progress. Quarter 3 had less working days than Quarter 2, due to public holidays and CIPC closing on 24 Dec 2020 at 10h00. The capacity of the call centre is insufficient, and three staff members went on maternity leave as well, which exacerbated the situation further.

The continuing worldwide COVID-19 pandemic had an influence on the way of work. Call centre agents are working from home. The lack of a cloud based contact centre system poses a huge challenge in managing staff and monitoring performance. There has been a significant increase in traction towards the CIPC static website and social media platforms. What is most noticeable is that the majority of new users find CIPC website through a search for a service(s) for which CIPC provides.

The management of the call centre staff is challenging, as it is very difficult to monitor adherence of staff and general management of staff remotely without a proper call centre system. These challenges were addressed by a requirement that all staff log the calls they receive as they occur on the QRS system (a separate component), where the date and time of each call can be determined, as well as the reason for calls. Team leaders have to review the reports daily and address any concerns. The call centre customer satisfaction survey also assists by determining if customers are satisfied with the customer service received by the call centre consultants.

Query Resolution System

The number of queries received declined from the number of queries received in Q2, but is higher than queries received during Q1. The number of queries resolved outside the turnaround time increased, but decreased slightly in percentage.

Social Media

The social media team has increased, including personnel from other business units. However, the current social media management tool has only four licences. There is a need to procure more licences with considerable cost implications.

Call Centre Customer Satisfaction Survey

The call centre conducts an after call survey on a daily basis. The survey is sent daily to all customers who engaged with CIPC during that day to assess the effectiveness and efficiency of the calls. The average customer satisfaction score for the service provided by the call centre consultants is 7.6 out of 10.

Self Service Centres and Terminals

The self service centres and terminals were operating throughout the third quarter, although there were interruptions to service due Covid-19 positive cases where the self service centres had to close for a number of days

Due to the pandemic the following were implemented at all self service centres:

- 1.5 meters social distancing markers (Queue Control)
- Gloves supplied for employees.
- Personal sanitizers for each employee's workstation supplied.
- Dividers supplied for employee desks.
- Cloth masks and face shield available for staff.
- Screening done daily for staff and clients.
- Attendance Record system implemented

Implementation and challenges

Intermittent system issues between 01/12/2020 to 24/12/2020

Partner Sites

Potential partner, Department Economic Development and Tourism Western Cape negotiations were cancelled. They never responded and delayed the process in meeting deadlines and did not sign the service level agreement.

Our partners such as the Free State Development Corporation experienced service disruptions due to the pandemic as they had to stop serving customers face to face. Kimberley, Eastern Cape, Saldana and DCCI offices are still not operational and assisting clients through e-services.

Booking System

A new booking system app was implemented for self service centre customers in order to assist in reducing the queues at the service centres. The IT division is in the process of developing the booking system to be available through the website.

Statistics - Pretoria, Johannesburg and Cape Town

The majority of customers who visit the self service centres transact mainly for purposes of customer registrations, password reset, name reservations, annual returns, and customer codes.

The figures for the quarter under review are listed in **Table 2: Self Service Centers' (Pretoria, Johannesburg and Cape Town) Traffic**. The numbers under general include the partner sites.

Table 4: Self Service Centers' (Pretoria, Johannesburg and Cape Town) Traffic

	Pretoria	Johannesburg	Cape Town	TOTAL
Company Registrations	1141	2095	1573	4809
Create Customer Codes	1141	2593	1377	5111
Re-set Password	1409	239	1737	3385
Name Reservations	126	855	1565	2546
Annual Returns	1417	3268	1863	6548
IP	228	433	25	686
Director Amendments	518	537	141	1196
Member Amendments	0	83	14	97
Auditor & ACC Officers	0	0	0	0
CO & CC address	511	104	0	615
Cert and Disc	1316	1062	698	3076
Ent Enquiry	753	710	7	1470
Name Change	209	208	39	456
Name Transfer	0	2	0	2
Cust Transactions	257	147	23	427
General/Other	338	1052	1214	2604
Walk-in's	9362	13221	13135	35718

2.2 Organizational Environment

The Telecommuting strategy is bearing fruit with levels of stability not only in the service delivery standards being met, but also the majority of staff adapting to the new way of working. We continue to improve in some challenges that we are still facing especially around technology stability so that we all have better experiences in doing our work. On the campus building, the zoning of the units on the various floors within the building remains in force indefinitely.

As part of the Telecommuting strategy, a Hot Desk office layout to free up space throughout the building is being implemented. This is so that we in the interim have our own open spaces for unit/divisional meetings within the CIPC office. As the majority of staff are working from home, we do not require so many unutilised desk and space.

All staff are continuously reminded to wear a mask, sanitise, and wash hands regularly, to social distance and not to meet in large groups socially or otherwise. The CIPC COVID-19 Steering Committee continues to guide the organization's response as we chart our way through uncertain and ever-changing times. The CIPC Wellness Unit supports staff through issuing of helpful information to manage telecommuting.

The Senior Manager Patents and Designs was appointed and resumed duty on 01 November 2020. The Senior IP-ICT specialist was appointed and resumed duty as of 01 December 2020. The Divisional Manager: Innovation, Support and Protection resigned end of November 2020. The Patents Renewals section lost a staff member in the month of December 2020. The Senior Manager: CGSE and Executive Manager: BISG retired during the quarter under review.

2.3 New Policy and Legislative Changes

There were no new legislative developments that impacted on the CIPC.

3. Strategic Outcome Oriented Goals

For the five (5) year strategic period 2019/2020 – 2023/2024, the CIPC focuses on two strategic outcome oriented goals and five strategic objectives as shown below:

Table 4: Strategic Outcome Oriented Goal 1

Strategic Outcome Oriented Goal 1	Reduced administrative compliance burden for companies and IP owners.
Goal Statement	To create ease, simplicity and flexibility in forming and maintaining companies, as well as protecting intellectual property to reduce the administrative compliance burden for companies and IP owners.
Five Year Target	Key capabilities for 24/7 access to all key CIPC products and services developed.
Strategic Objectives	1.1 24/7 access to all CIPC products and services. 1.2 Timely delivery of all CIPC products and services. 1.3 An intelligent, innovative, high performance organisational environment.
Progress on Five Year Target	Multiple channels have been developed (See Table 5). See Table 6 for the uptake of these channels. The CIPC continues to implement the modernisation strategy through K2. 29% of the CIPC processes have an option to be done electronically. IP application are processed with three days. Company and Co-operative registrations are processes in less than two days.

Strategic Outcome Oriented Goal 1	Reduced administrative compliance burden for companies and IP owners.
	<p>The latest Stakeholder and Customer Survey showed over 70% approval rating.</p> <p>The CIPC continues to modernise internally by automating and digitising internal process. ESS is a digital system for management of leave, salaries, performance management, and Sustenance, Travel and other Payroll claims.</p> <p>Virtual tools such as Zoom and Microsoft Teams are used for meetings as well as for outreach to customers and stakeholders</p>
Progress of Strategic Objectives	See Section 4.1.1 to 4.1.2

Table 5: Strategic Outcome Oriented Goal 2

Strategic Outcome Oriented Goal 2	A reputable Business Regulation and IP Protection environment in South Africa.
Goal statement	To create ease, simplicity and flexibility in forming and maintaining companies, as well as protecting intellectual property to reduce the administrative compliance burden for companies and IP owners.
Five Year Target	Key compliance monitoring and enforcement capabilities developed.
Strategic Objectives	<p>2.1 Increased knowledge and awareness on Company and IP Laws.</p> <p>2.2 Improved compliance with the Company and IP Laws.</p>
Progress on Five Year Target	<p>Outreach Programmes for SMMEs, Institutes of Higher Learning, and Schools have been successful.</p> <p>The Annual Returns Filing process has been automated. An important milestone has been the development of XBRL for filing of AFS.</p>
Progress on Strategic Objectives	See 4.1.3 to 4.1.5

Eight (8) performance indicators and targets are tracked to assess progress towards the achievement of these strategic goals and objectives. See 4.2 for detailed performance information.

4. Executive Summary

4.1 Key Highlights

4.1.1 Strategic Objective 1.1 24/7 access to all the CIPC products and services.

This section highlights progress in respect to **Strategic Objective 1.1 24/7 access to all the CIPC products and services**. The CIPC strategy to realise this objective, is the development and expansion of multiple channels to increase access to the CIPC products and services and ease of transacting.

The CIPC channels in place are e-services website, self-service centres (SSCs) and partner sites (self-service terminals (SSTs)), the Banks (FNB, Nedbank, Standard Bank, ABSA, and SASFIN), *BizPortal*, Mobile App, the Call Center, the query resolution system (QRS), USSD, as well as social media (Facebook, Twitter, You Tube and WhatsApp).

Table 6: CIPC Channels show services offered in each channel.

Table 6: CIPC Channels and services offered

Services/Channels	E-service Website	SSCs and Partner Sites (SSTs)	Banks (FNB, Nedbank, ABSA)	BIZPORTAL	Call Centre	QRS	Social Media (Facebook Twitter)
Integrated services (SARS, UIF, Compensation Fund, Banks Acc, BEE Cert)	No	Yes – BBBE certificate	Yes – company registration and business bank account	Yes	No	No	No
Patents applications	Yes	No	No	No	No	No	No
Designs applications	Yes	No	No	No	No	No	No
Copyright in film	Yes	No	No	No	No	No	No
Trade marks applications	Yes	No	No	No	No	No	No
Name reservations	Yes	Yes	Yes	Yes	No	No	No
Companies registration	Yes	Yes	Private company registration only	Yes	No	No	No
Co-operatives Registrations	No	No	No	No	No	No	No
Domain Name Registrations	Yes	No	No	Yes	No	No	No
Director Amendments	Yes	Yes	No	No	No	No	No
Member Amendments	Yes	Yes	No	No	No	No	No
Auditor Changes	Yes	Yes	No	No	No	No	No
Name changes	Yes	Yes	No	No	No	No	No
Address changes	Yes	Yes	No	No	No	No	No

Services/Channels	E-service Website	SSCs and Partner Sites (SSTs)	Banks (FNB, Nedbank, ABSA)	BIZPORTAL	Call Centre	QRS	Social Media (Facebook Twitter)
Financial Year End Changes	Yes	Yes	No	No	No	No	No
Enterprise enquiry	Yes	Yes	No	No	Yes	Yes	Yes
Disclosures	Yes	Yes	No	No	No	No	No
BBBEE Certificates	Yes	Yes	Yes – Only Nedbank	Yes	No	No	No
Disclosures- MOI Documents	Yes	Yes	No	No	No	No	No
Disclosures - Approved names	Yes	Yes	No	No	No	No	No
Queries	No	No	No	No	Yes	Yes	Yes
Information access	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Annual Returns filing	Yes	Yes	No	No	No	No	No
AFS filing	Yes – XBRL portal	No	No	No	No	No	No

The capability to report on the ***Uptake of channels*** showing the number of transactions in each respective channel is not fully developed.

4.1.2 Strategic Objective 1.2 Timely delivery of all CIPC products and services

This section highlights progress in respect to the ***Strategic Objective 1.2 Timely delivery of all CIPC products and services***. the CIPC’s strategy is to modernize its operations and services. This entails automation of all its processes in order to minimize the time transacting with the CIPC.

The following core services are developed onto the K2 platform and are on testing phase:

- a. Change of entities directors
- b. Name change
- c. Secondary co-operatives
- d. Tertiary co-operatives

4.1.3 Strategic Objective 1.3: An intelligent, innovative, high performance organisational environment

To realise the ***Strategic Objective 1.3: An intelligent, innovative, high performance organisational environment***, CIPC engages in corporate strategy development, strategic communications, internal audits, finance and supply chain management initiatives, and organizational design, recruitment, employee wellness, labour relations, training and development of staff through the CIPC Bursary Programme.

Customer and Stakeholder Survey

The RFQ process was initiated earlier in the year but was affected by Covid-19. The process is now awaiting finalization by Supply Chain.

Internal Audits

During Quarter 3, Internal Audit completed three (3) reviews. There were no special requests completed during the quarter.

Communication audit

Eight (8) findings were raised during the audit, of which four (4) were rated high and four (4) were rated medium. In the main, the findings are as a result of lack of capacity within the communication section.

Quarter 2 performance information audit

Three (3) findings were raised in this audit. Although the deficiencies identified did not have an impact on the final reported achievements, they have a potential to result in under/over reporting if not adequately addressed.

Cyber security audit

Three (3) high rated findings were raised during the audit. Management should ensure that an updated Information Security Policy is in place to address the deficiencies raised.

Recruitment

Six (6) appointments have been made in this period.

Performance bonuses

- Performance bonuses for 2019/20 financial year have been paid.

4.1.4 Strategic Objective 2.1 Increased knowledge and awareness on Company and IP Laws

Strategic Objective 2.1 Increased knowledge and awareness on Company and IP Laws, is the CIPC function outlined in the Companies Act, 2008 (Act No. 71 of 2008, as amended). CIPC conduct education and awareness sessions, including training and exhibitions. In some instances, the CIPC collaborate with other organisations or gets invited to events to present or exhibit on CIPC products and services.

Corporate Education & Voluntary Compliance

The unit participated in webinars and an online interview from stakeholders, and hosted webinars.

Table 7: Education and Awareness Activities

Month	Webinar	Date
October 2020	• Co-operative Amendments Act Webinar	14 Oct 2020
	• Virtual Business Compliance	28 Oct 2020
November 2020	• Director Duties	11 Nov 2020
	• Innov8 (Innovation Hub)	12 Nov 2020
	• Webinar for Presidency Staff	16 Nov 2020
	• SheConnects Management Facebook Live Interview	25 Nov 2020
	• Accounting Officers and Auditors	26 Nov 2020
December 2020	• AFS & XBRL	9 Dec 2020

IP Education

Ten (10) IP education and awareness sessions were conducted during this quarter.

4.1.5 Strategic Objective 2.2 Improved compliance with the Company and IP Laws

Concerning ***Strategic Objective 2.2 Improved compliance with the Company and IP Laws***, CIPC contribute to legislative processes, engage with counterparts on business process improvement through automation, engage or collaborate with stakeholders to improve compliance. The CIPC also monitors compliance, conduct investigations and boardroom visits.

Drafting of the Patents and Designs legislations

The Patent Bill has received certification from the Office of the Chief State Law Advisor (OCSLA) and will be published for public comment in February 2021 as part of the parliamentary process. The Designs Bill is awaiting OCSLA's certification prior to publication for public comments.

Implementation of the Industrial Property Automation System (IPAS)

Ongoing Super-users as well as End-user training on various IPAS module. IP Agents successfully conducted tests and post-registration requests. The interface between the WIPO File, Agents Module, and CIPC's Billing System (test) was completed.

Quarterly stakeholder meeting

Stakeholder meeting held with IP Agents and their ICT technical staff on IPAS implementation.

Inventors Assistance Program (IAP)

A high number of applications for the Inventor Assistance Programme was received; over 20 applications. The screening committee meeting held in October 2020, also attended by a WIPO representative recommended two for support and another two referred for further information from the applicants. Therefore, despite the high number of applications, those recommended for support were low.

Reported irregularities

Table 8: Reportable Irregularities 2020/21

	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020\21	Q2 2020/21	Q3 2020/21
Opening Balance	242	296	313	409	374	334
Cases Received	81	41	147	67	33	54
Closed Cases	27	24	51	102	73	27
Closing Balance	296	313	409	374	334	361

Table 9: High Profile Companies under Investigation

High Impact Cases
South African Post Office SOC
Pembury Lifestyle Group
REMGRO Healthcare Holding
Ernst and Young

High Impact Cases

Eskom Holdings SOC

Table 10: Independent Review: Regulation 29

	Q1	Q2	Q3
<i>Opening Balance</i>	157	165	174
Allocated	54	78	93
Liability Exceeds Assets	8	14	8
Financial Assistance	25	34	25
VAT Tax Return Not Declared To SARS			2
Other	13	21	7
<i>Total Closed</i>	46	69	42
<i>Closing Balance</i>	165	174	225

Table 11: Cold Case Matters

	Q1	Q2	Q3
OPENING BALANCE	21	21	21
ORDER GRANTED	3	3	3
SETTLEMENT ORDER/OFFER	3	3	3
OPPOSED	4	4	4
REMOVED FROM THE LIST	1	1	1
CURRENTLY IN COURT/SET DOWN	4	4	4
CLOSING BALANCE	6	6	6

Administrative fine	Q1	Q2	Q3
Opening balance	21	21	21
Order granted	3	3	3
Settlement order/offer	3	3	3
opposed	4	4	4
Removed from the list	1	1	1
Currently in court/set down	4	4	4
Closing balance	6	6	6

Table 12: Prospectus

COMPANY NAME	PROSPECTUS	FINAL PROSPECTUS	CURRENT STATUS
Quarter 1			

DESTINATA CAPITAL LIMITED	MAY	REGISTERED	REGISTERED
CHINA SEAS BASKET	MAY	REGISTERED	REGISTERED
BUSINESS VENTURE INVESTMENTS	MAY	PENDING	PENDING
BLACKBRICKEP 1	JUNE	REGISTERED	REGISTERED
ROCKEFELLER EP1	JUNE	REGISTERED	REGISTERED
FRITZGERALD EP1	JUNE	REGISTERED	REGISTERED
GREENREEF EP1	JUNE	REGISTERED	REGISTERED
OLIVE VCC	JUNE	REGISTERED	REGISTERED

Company Name	Prospectus	Final Prospectus	Current Status
Quarter 2			
Blackbrick EP1	July	Registered	Registered
Reockefeller EP1	July	Registered	Registered
Fritzgerald EP1	July	Registered	Registered
Greenreef EP1	July	Registered	Registered
Olive VCC	July	Registered	Registered
Illovo Stack Retail 1	August	Registered	Registered
Mdluli Safari Lodge	August	Registered	Registered
Blyde EP2	August	Registered	Registered
Vega VC1	August	Pending	Pending
Greenpark EP3	September	Pending	Pending
Advanced Investment Holdings	September	Pending	Pending

COMPANY NAME	PROSPECTUS	FINAL PROSPECTUS	CURRENT STATUS
Quarter 3			
GREENPARK EP 3	OCTOBER	REGISTERED	REGISTERED
ADVANCED INVESTMENT HOLDINGS	OCTOBER	REGISTERED	REGISTERED
DESTINATA CAPITAL LIMITED	OCTOBER	REGISTERED	REGISTERED
INFINITY ANCHOR FUND	NOVEMBER	REGISTERED	REGISTERED
ZIMBALI CAPITAL	NOVEMBER	REGISTERED	REGISTERED
MDLULI SAFARI LODGE	NOVEMBER	PENDING	PENDING
SUNSTONE CAPITAL	NOVEMBER	REGISTERED	REGISTERED
HASANAAT CAPITAL	NOVEMBER	REGISTERED	REGISTERED
EUPHORIC CAPITAL	NOVEMBER	REGISTERED	REGISTERED
AP GLOBAL	NOVEMBER	REGISTERED	REGISTERED

COMPANY NAME	PROSPECTUS	FINAL PROSPECTUS	CURRENT STATUS
AURIK CAPITAL	NOVEMBER	REGISTERED	REGISTERED
BIG SKY FUND	NOVEMBER	REGISTERED	REGISTERED
BIG SKY FUND	NOVEMBER	REGISTERED	REGISTERED
OPTONMISE VENTURES	DECEMBER	PENDING	PENDING
OLIVE VENTURE CAPITAL COMPANY	DECEMBER	REGISTERED	REGISTERED
DELTA	DECEMBER	PENDING	PENDING
DECENTRAL ENERGY CAPITAL	DECEMBER	REGISTERED	REGISTERED
WESTBROOKE STAC 2021	DECEMBER	REGISTERED	REGISTERED
EXPONENTIAL VENTURE CAPITAL	DECEMBER	PENDING	PENDING
WESTBROOKE ARIA 2021	DECEMBER	REGISTERED	REGISTERED
GAIA VENTURE CAPITAL	DECEMBER	REGISTERED	REGISTERED
AEX South Arica	DECEMBER	REGISTERED	REGISTERED
BRIGHT LIGHT SOLAR VCC	DECEMBER	REGISTERED	REGISTERED
KALON VENTURE PARTNER FUND II	DECEMBER	PENDING	PENDING

4.2 Minister's priorities

4.2.1 Education and awareness focusing on educating the public on the services rendered by the CIPC especially on companies and intellectual property (IP).

See Section 4.1.4.

4.2.2 Implementation and monitoring the effectiveness of Business Rescue.

This is operational now as the structures have been put in place to monitor the effectiveness of Business Rescue processes. We meet on a quarterly basis to ascertain the progress made thus far with all the relevant stakeholders. The only challenge at the moment is the concretization of the success of business rescue.

A sub-committee of the Business Rescue Liaison Committee (BRLC) has been established to deal with policy and legislative matters and it is chaired by our Senior Legal Officer.

The Business Rescue Liaison Sub-Committee is in the process of re-assessing and examining the whole of Chapter 6 (Business Rescue) and applicable Regulations and making relevant amendment proposals. The same is contained in a working document which will be presented to the BRLC for comment and then submitted to **the dtic** for consideration.

4.2.3 Facilitate ease in respect of annual returns and reduce burden to small businesses.

The process for the redesign of the Annual Return filing application, with enhanced functionality commenced during the latter part of quarter 3. It is estimated that the enhanced Annual Return filing application will be released during the first half of 2021-2022 (no confirmed date has been determined).

4.2.4 Capacity building for the implementation of a substantive search and examination system for patents.

The examiners continued with their training with European Patent Office (EPO) coaches based on their set training program. The EPO together with AfRIPI co-organised a 2-day virtual workshop on Patent Search and Examination for Patent examiners from ARIPO, its Member States and CIPC the workshop was attended by 5 examiners.

4.2.5 Promoting accessibility and simplicity in the process for registration of IP, especially for small businesses and artists.

In promoting accessibility and simplicity in the process of registration of IP E-services continues to be accessible and manual filling is accessible. The CIPC website provides a step-by-step process on the filling. Furthermore, IP registration queries are attended to through the QRS system.

4.2.6 Combating piracy, trade marks and copyright infringements

The other important focus areas for the Unit are capacity building training and education. Part of this work also include creating awareness on intellectual property rights. The highlight for the quarter was a workshop that was held to target film makers in the Eastern Cape. The virtual event enabled all interested parties to listen in and participate through posting questions. The event had an excellent line-up of expert speakers that shared their knowledge on IP and the film industry. More than 123 aspirant film makers' scholars and others enrolled for the event that was hosted on 13 November 2020.

4.3 Media analysis/campaign/strategies

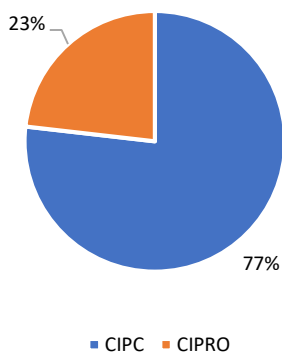
In the period of October 2020 - December 2020, CIPC generated a total of 2 642 media clippings across traditional media (print, broadcast and online) and social media. Social media generated 88% of the coverage, with just 12% from the traditional media space.

The month of November 2020 generated the most coverage for the entity with 114 media clips. These were less clippings than October and December 2020 with 106 and 108 media clips, which shows a decrease in CIPC’s media presence. Looking at categories for the quarter, Annual Returns coverage generated 25% of overall media narrative, followed by Legal and IP Category (20%), and then Business Rescue related coverage (3%). In the past 3 months of analysis, the narrative has been focused more on the liquidation, Business rescue funding, company registrations and fraud. Coverage for the months combined was mainly neutral, followed by negative sentiments, balanced, then positive, from October - December negative coverage continued to focus on the fraud and liquidations, positive coverage was mainly on business registrations.

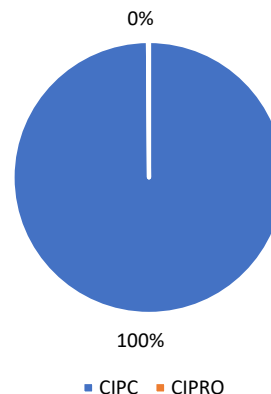
Table 14: Media Platforms

CIPC Overall	Clip Count	AVE	Reach	Service %
Print	146	10 218 635	12 589 679	6%
Broadcast	5	300 900	5 571 711	0%
Online	177	18 531 708	33 356 435	7%
Social Media	2 314	325 892	22 511 989	88%
Total	2 642	29 377 135	74 029 814	

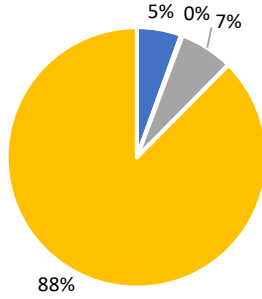
Traditional Media: CIPC Naming



Social Media: CIPC Naming

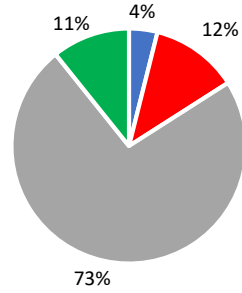


CIPC Overall by Clip Count



■ Print ■ Broadcast ■ Online ■ Social Media

CIPC Overall Sentiment by Clip Count



■ Positive ■ Negative ■ Neutral ■ Balanced

Campaign

Due to COVID-19 which led to the country’s lockdown, Strategic Communication was unable to facilitate any campaigns for the reporting period. However, Strategic Communication is currently in a tender process which closed on the 15th of December 2020 in order to appoint a service provider to assist with providing holistic campaign support to the organization.

4.4 Investigations/Anticorruption cases

This section provides statistics relating to the fraud management section as well as the strides made by the organisation to implement fraud prevention measures in the quarter under review. The as part of the fraud prevention strategy, various channels are used to report allegations by customers, employees and any member of the public. For the period 01 October- 31 December 2020, a total of **79** calls were logged.

Number of allegations received

01 Oct 2020 – 31 Dec 2020

Opening balance 01/10/20	Calls logged Q3	Feedback Requests and additional info	Resolved	Actual cases as at 31/12/20
133	79	(37)	(69)	106

The number of reports received for the quarter was slightly higher than the previous quarter. There have been concerted efforts by the team to reduce the backlog which has remained consistently high (above 100 cases) at any given period. Owing to the new strategy to increase the turnaround times, the quarter saw an increase in the number of cases resolved which had a positive impact on cumulative balance at the end of the quarter.

The Covid-19 pandemic impacted the case resolution pace somehow, in that staff had to work from home without having the necessary case resolution tools documents such access to telephones, printers and relevant files. Inability to anticipate the number of cases remained a challenge placing staff under severe pressure to meet set targets.

Status of Open Cases: 31 Dec 2020

Total	Under investigation	Pending investigation
106	(28)	78

The balance of 106 at the end of the quarter is inclusive of cases which under investigation but not completed at the time of compiling this report. Of these, some are matter referred to external service providers for investigation due to the nature and complexity of the allegations. As cases are reported the cumulative number of pending cases is expected to increase continually.

Summary – Reporting Channels

	Channel	Received Cases
1	Hotline	76
2	Emails	3
Total		79

The CIPC has made available, various channels for reporting allegations. The issue of independently managed hotline is one such channel which provides an option for would be whistle-blowers to remain anonymous if they so desire and provides adequate audit trail of calls logged. It is no surprise that the hotline has remained the preferred channel since its launch in 2016.

Summary - Nature of Cases

#	Types of cases	Q3		Q2		Q1	
		No of cases	%	No. of cases	%	No. of Cases	%
1	Unauthorised/Fraudulent removal/entry of directors	28	35%	18	25%	39	31%
2	Misuse of Clients Accounts	0	0%	8	11%	11	7%
3	Essential services certificates complaints	0	0%	1	01%	41	33%
4	Internally reported matters (involving staff)	3	4%	1	01%	0	0%
5	Other:	11	14%	25	35%	21	17%
6	Feedback request/ additional information	37	47%	19	27%	15	12%
Total		79	100	72	100%	127	100%

To provide management with a picture of the nature of cases received at any given period, allegations/cases are classified under defined categories. For cases falling

under more than one category, the main root cause is used to classify such allegations.

The number of allegations which relate to unauthorised director changes, remain the reason for reported allegations. These allegations as a percentage of the total reported in a given period have been on the increase for the 3 quarters of the current financial year, the latter recording a 10% increase from the previous quarter.

Of concern, is the increase in the number of allegations against or implicating CIPC employees. History has proven that that investigations into such allegations have almost always increased the number of employees involved in a reported matter.

4.5 Industrial/Labour relations issues

During the period under review:

- Four (4) misconduct cases are at disciplinary hearing stage. Three (3) misconduct cases are under investigation and four (4) misconduct cases finalised during the quarter.
- One (1) final written warning issued during the quarter.
- One (1) grievance finalised during the quarter.
- Five (5) labour disputes are at CCMA and one (1) labour dispute at GPSSBC.
- Two (2) labour disputes at labour court stage pending.

4.6 New challenges and risks identified in the quarter

Corporate Education & Voluntary Compliance

- An increase in the number of COVID-19 positive persons towards the end of the quarter, also increase the possibility of staff contracting the disease and being on sick leave, which could have a seriously effect on the output of the unit, due to the small size of the unit.

Patents & Designs

- Increased risk of staff contracting the virus and being on sick leave, which could have a seriously effect on the output of the unit. Risk of COVID positive patients results in office closures which impacts on the output of the unit.
- Patents Renewals lost a staff member in the month of December 2020.

Human Capital Management

- Moratorium on recruitment has resulted in shortage of staff in other Units.
- Automation impact on effective utilization of staff in affected business units.
- Covid 19 disrupted the organisations and the intermittent closure of the campus.

5. Performance against the APP

5.1 Progress made against unachieved milestones for the previous quarter

N/A

5.2 Revised performance information for Q2

Output	Performance Measure or Indicator	2020/21 Annual Target	2nd Quarter milestones	Actual Achievement	Reason for Variance	Corrective Action
GOAL 2: A reputable Business Regulation and IP Protection environment in South Africa.						
Str+2:15ategic Objective 2.2 Improved compliance with the Company and IP Laws						
Increased knowledge and awareness on IP enforcement	Number of education and awareness on IP enforcement conducted by the CIPC and its partners	8	4(1)	5(6)	Online Webshops are in high demand and requests for additional events were made. The cost is significantly lower than to host a physical workshop and therefore the requests were accommodated	No corrective action is required - over achievement of target

5.2 Progress made against current quarterly milestones

Annexure B

Output	Performance Measure or Indicator	2020/21 Annual Target	3rd Quarter milestones	Actual Achievement	Reason for Variance	Corrective Action
GOAL 1: Reduced administrative compliance burden for companies and IP owners.						
Strategic Objective 1.1 24/7 access to all CIPC products and services.						
Increased in the % of website performance for e-services 24/7	% website performance for e-services 24/7	93%	95%	98%	No electrical outages from DTI or eskom load shedding.	N/A

Output	Performance Measure or Indicator	2020/21 Annual Target	3rd Quarter milestones	Actual Achievement	Reason for Variance	Corrective Action
Increase in the % of CIPC services with an option to file electronically compared to manually filed services	% of CIPC services with an option to file electronically compared to manually filed services	29% (1% increase)	28%	29%	No system was released in the third quarter. The focus was on monitoring the systems that were released in quarter two.	N/A
Strategic Objective 1.2 Timely delivery of all CIPC products and services.						
Reduction in the average number of days to register a company from the date of receipt of a complete application	The average number of days to register a company from the date of receipt of a complete application.	2	2	1	Quarter 3 compared with quarter 1 and 2, is a lower volume quarter with similar amount of available resources to process. Although technical IT and desktop challenges were experienced, it were quick to be resolved by the BISG team.	N/A
Reduction in the average number of days to register a co-operative from the date of receipt of a complete application.	The average of the number of days to register a co-operative from the date of receipt of a complete application.	3	3	2	96% of new applications registered within 2 working days turnaround times. Attributed to no system challenges.	N/A

Output	Performance Measure or Indicator	2020/21 Annual Target	3rd Quarter milestones	Actual Achievement	Reason for Variance	Corrective Action
Strategic Objective 1.3 Intelligent, innovative, high performance organisational environment.						
Increase the score of the customer stakeholder value index	A score between 1 – 10 of the customer and stakeholder value index, a higher score indicating satisfaction with the CIPC	7.5	0	0	N/A	N/A
GOAL 2: A reputable Business Regulation and IP Protection environment in South Africa.						
Strategic Objective 2.1: Increased knowledge and awareness on Company and IP Laws.						
Increased level of awareness of Company Act and other related legislation.	Number of education and awareness conducted by the CIPC on the Companies Act and related legislation	6	5(2)	11(5)	The unit hosted the following webinars: Co-operative Amendments Act on 14 October 2020; Virtual Business Compliance on 28 October 2020, Director Duties on 11 November 2020, Accounting Officers & Auditors on 26 November 2020 and AFS & XBRL on 9 December 2020.	Virtual Business Compliance was hosted to assist businesses to comply to the Companies Act in the changed environment due to the Covid pandemic. Further the Accounting Officers & Auditors and AFS & XBRL were hosted as internal stakeholders indicated these areas require greater awareness in order to increase compliance to the Companies Act.

Output	Performance Measure or Indicator	2020/21 Annual Target	3rd Quarter milestones	Actual Achievement	Reason for Variance	Corrective Action
Increased IP knowledge and awareness	Number of education and awareness on IP conducted by the CIPC and its partners	16	12(4)	22(8)	Performance was driven by increased appetite from the stakeholders / audience	N/A
Strategic Objective 2.2 Improved compliance with the Company and IP Laws						
Increased knowledge and awareness on IP enforcement	Number of education and awareness on IP enforcement conducted by the CIPC and its partners	8	6(2)	9(1)	Exceeded target in Q2	N/A

6. Risk Management Report

6.1 Progress on actions in the Strategic Risk Register

Annexure C

GOVERNANCE RISK AND COMPLIANCE DIVISION

QUARTERLY REPORT

PERIOD: 01 OCTOBER – 31 DECEMBER 2020

1. PURPOSE

The purpose of this report is to provide a summary of work carried out by the GRC division in quarter three (01 October 2020 - 31 December 2020) and to outline the work to be carried out in quarter 4.

2. HIGHLIGHTS

2.1 Summary of achievements for the quarter.

- ✓ Annual strategic risk register review session held and 2021/22 register updated.
- ✓ Risk appetite and tolerance levels reviewed and updated.
- ✓ Reviewed and where developed, where applicable, operational risk registers for all divisions. The process to develop operational risk registers for all business unit is more than 80% complete.
- ✓ Risk maturity assessment conducted.
- ✓ Improved complaints management and resolution
- ✓ Policy review guideline developed
- ✓ Ongoing Covid-19 compliance monitoring

3. MATTERS FOR NOTING

The term of office for the RiskICT and Audit Committee expires on 31 January 2021. As at the date of compiling this report, the submission requesting for extension of the term by the Minister had not been received.

4. GOVERNANCE

4.1 Implementation of Governance Framework

- 4.1.1 The approved internal governance framework is being implemented as approved with some challenges experienced with the coordination and functioning of internal governance committees. These challenges stem from the current organisational structure and the vacant positions. A review of the framework to align it to the current CIPC operational and structural setup is being considered.
- 4.1.2 Governance Committee meetings were held as scheduled in line with the approved governance framework.
- 4.1.3 The process of reviewing the Delegation of Authority Framework to align with the current structure and changing operating environment has begun.

4.2 Status of Policies as at 31 December 2021

There was no notable change in the status of policies from the previous to the current quarter as shown in the table below.

Figure 1

Division	No of policies	Not reviewed	Reviewed /some new	In progress/ not yet approved
Human Capital	18	9	9 (1 new)	0
BISG	13	8	0	5
Finance	10	8	2	0
Facilities & Security	5	5	0	0
Client Engagement	1	1	0	0
GRC	6	3	3 (1 new)	0
Strategy	1	1	0	0
TOTAL	54 (100%)	35 (65%)	14 (26%)	5 (09%)

To address the inconsistencies in way policies are drafted and reviewed, management resolved that a standard policy development guideline should be developed and implemented. The guideline has been developed and will be implemented approval.

5. RISK MANAGEMENT MATTERS

5.1 Overview

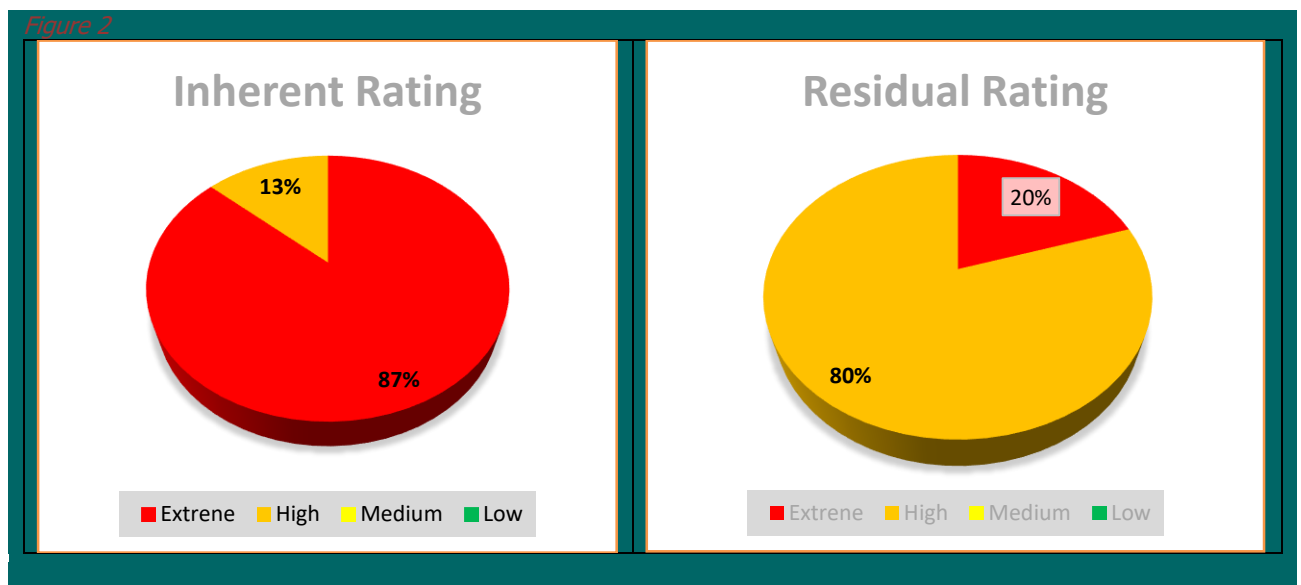
This section provides progress on the management of strategic and operational risks during the reporting period.

In line with the approved risk management methodology and consistent with best practice, the annual risk review sessions were held in December 2020. The strategic risk and operational registers for 2021/22 were reviewed. The risk appetite framework and statement, tolerance levels and risk indicators were also updated.

Progress on the implementation of strategic risk mitigating actions planned for Q3 is summarised under 5.2 and 5.3 below.

5.2 Strategic Risk Dashboard

The strategic risk dashboard below provides a summary of the strategic risk ratings as at 31 December 2020.


















































The above dashboard indicates progress made in implementing mitigating controls and seeks to reflect the impact of the implemented controls on the risk ratings. The residual risk ratings remain largely in the “High” category with two risks recording movements in the quarter. The Strategic Risk Register shows that there is progress in the implementation of controls for majority of the risks. However, this progress has not translated to reduction in the risk ratings. A copy of the detailed strategic risk register is attached as **annexure A**

5.3 Risk Movement Dashboard

A summary of residual risk rating movements from the previous to the current reporting period is presented in the diagram below. The assessment is based on information provided by risk owners and independent verification was conducted. The risks are listed in no order of priority or rating:

Figure 3

Key: Improved=  Regressed =  No movement = 		Residual Risk Movement		
Risk name		Q1	Q2	Q3
1.	Inadequate availability and accessibility of channels			
2.	Inadequate ICT infrastructure			
3.	Lack of Stability of IT systems (CIPC, Partners and 3rd party providers)			
4.	Inability to effectively manage stakeholder relations and expectations			
5.	Inadequate information & cyber-security			
6.	Inadequate data integrity			
7.	Ineffective governance and oversight over finance and supply chain management			
8.	Financial sustainability			
9.	Lack of optimal and professional organisational culture			
10.	Ineffective people management			
11.	Inadequate accessibility of Intellectual Property (IP) services Programme			
12.	Ineffective implementation of the substantive search and examination programme			
13.	Ineffective and inefficient enforcement			
14.	Labour relations and stability thereof			
15.	Occupational Health and Safety			

No significant change was recorded in the Q3 updated strategic risk register. Of the total of 15, only two recorded movements with all other retaining the same ratings as in quarter 2. The register shows that only 3 initiatives were due for completion in the reporting period. However, 31 were carried over from the previous quarter bringing the total to 34. Of the cumulative total for this quarter, none reflect as complete.

5.4 Operational Risk Management

As part of the annual risk review process, risk operational risk register were reviewed and other for other business unit new operational risks were developed. A total of 16 operational risk registers were developed and/or reviewed, with a few registers for areas in within the support division outstanding. These in process of being completed. In addition, all operational risk registers were aligned to the risk methodology for consistency. Upon completion, all registers will be consolidated to create a risk profile for the organisation. As part of the review, a high-level training was provided to the managers and other attendees on risk related concepts and processes. To ensure consistent management and reporting of operational risk, the GRC division plans to provide additional support to managers where required.

6. PROGRESS ON IMPLEMENTATION OF RISK AND FRAUD PLAN

6.1 This section highlights progress made on each of the planned activities for the quarter.

Figure 3

Activities	Plan	Q1	Q2	Q3	Comment
1. Risk Management					
1.1 Risk management plan development and approval	✓				
1.2 Revision of risk management policy.					
1.3 Review the risk framework and methodology	✓				Delayed. To begin in Feb 2021.

Activities	Plan	Q1	Q2	Q3	Comment
1.4 Conduct a risk maturity assessment	✓				
1.5 Strategic risk register annual review	✓				
1.6 Risk appetite statement and tolerance review	✓				
1.7 Conduct strategic risk analysis	✓				In progress.
1.8 Quarterly monitoring, review and reporting on management of operational risks	✓				
1.9 Operational risk register review	✓				
1.10 Quarterly monitoring, review and reporting on management of risks	✓				
1.11 Conduct risk management training for	✓				
2. Fraud Prevention					
2.1 Fraud prevention plan review and approval	✓				
2.2 Review of fraud methodology/processes					
2.3 Fraud Risk Register review	✓				In progress. Completion March 2021
2.4 Ethics policy and framework development	✓				Policy done. Framework in progress.
2.5 Fraud awareness and education	✓				Training material developed.
2.6 Facilitate the declaration of interest process					
2.7 Maintain an effective case database	✓				
2.8 Conduct investigations	✓				
2.9 Quarterly reporting on fraud prevention	✓				

Legends:

=Complete
 =In progress
 = Not done
 =Not yet due

For the reporting period, a total of 17 activities were planned, inclusive of 4 which were carried over from previous quarters of the financial year. Of the total, 12 were completed, 4 were in progress and only 1 had not started, representing a 71% achievement for the reporting period. One activity initially planned for quarter 3 had to be delayed to consider the impact of the telecommuting policy. It is anticipated that all planned activities for the last

quarter as well those currently in progress will be completed by the end of the financial year.

7. FRAUD PREVENTION

This section provides statistics relating to the fraud management section as well as the strides made by the organisation to implement fraud prevention measures in the quarter under review. The as part of the fraud prevention strategy, various channels are used to report allegations by customers, employees and any member of the public. For the period 01 October- 31 December 2020, a total of **79** calls were logged.

7.1 Number of allegations received

Figure 5 **01 Oct 2020 – 31 Dec 2020**

Opening balance 01/10/20	Calls logged Q3	Feedback Requests and additional info	Resolved	Actual cases as at 31/12/20
133	79	(37)	(69)	106

The number of reports received for the quarter was slightly higher than the previous quarter. There have been concerted efforts by the team to reduce the backlog which has remained consistently high (above 100 cases) at any given period. Owing to the new strategy to increase the turnaround times, the quarter saw an increase in the number of cases resolved which had a positive impact on cumulative balance at the end of the quarter.

The Covid-19 pandemic impacted the case resolution pace somehow, in that staff had to work from home without having the necessary case resolution tools documents such access to telephones, printers and relevant files. Inability to anticipate the number of cases remained a challenge placing staff under severe pressure to meet set targets.

7.2 Status of Open Cases: 31 Dec 2020

Figure 6

Total	Under investigation	Pending investigation
106	(28)	78

The balance of 106 at the end of the quarter is inclusive of cases which under investigation but not completed at the time of compiling this report. Of these, some are matter referred to external service providers for investigation due to the nature and complexity of the allegations. As cases are reported the cumulative number of pending cases is expected to increase continually.

7.3 Summary – Reporting Channels

Figure 7

	Channel	Received Cases
1	Hotline	76
2	Emails	3
Total		79

The CIPC has made available, various channels for reporting allegations. The issue of independently managed hotline is one such channel which provides an option for would be whistle-blowers to remain anonymous if they so desire and provides adequate audit trail of calls logged. It is no surprise that the hotline has remained the preferred channel since its launch in 2016.

7.4 Summary - Nature of Cases

Figure 8

#	Types of cases	Q3		Q2		Q1	
		No of cases	%	No. of cases	%	No. of Cases	%

1	Unauthorised/Fraudulent removal/entry of directors	28	35%	18	25%	39	31%
2	Misuse of Clients Accounts	0	0%	8	11%	11	7%
3	Essential services certificates complaints	0	0%	1	01%	41	33%
4	Internally reported matters (involving staff)	3	4%	1	01%	0	0%
5	Other:	11	14%	25	35%	21	17%
6	Feedback request/ additional information	37	47%	19	27%	15	12%
Total		79	100	72	100%	127	100%

To provide management with a picture of the nature of cases received at any given period, allegations/cases are classified under defined categories. For cases falling under more than one category, the main root cause is used to classify such allegations.

The number of allegations which relate to unauthorised director changes, remain the reason for reported allegations. These allegations as a percentage of the total reported in a given period have been on the increase for the 3 quarters of the current financial year, the latter recording a 10% increase from the previous quarter.

Of concern, is the increase in the number of allegations against or implicating CIPC employees. History has proven that that investigations into such allegations have almost always increased the number of employees involved in a reported matter.

8. COMPLIANCE MANAGEMENT

No compliance assessment was conducted for the quarter.

9. CHALLENGES AND RECOMMENDATIONS

The following have remained challenges for the GRC Division.

Figure 9

No.	Challenge	Recommendation
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1.	Capacity challenges	<ul style="list-style-type: none"> • Appointment of additional Resources • Utilisation of external resources • Secondment of internal resources to the GRC division
2.	Competency and skills gap within the GRC division	<ul style="list-style-type: none"> • In-house training of staff • Utilisation of external resources
3.	Inability to anticipate volume of whistle-blowing reports	<ul style="list-style-type: none"> • Implementation of revised strategy • Secondment of resources from other divisions

10. FOCUS FOR THE NEXT QUARTER

- Review of the Delegation of Authority Framework;
- Finalise the ethics framework and plan;
- Review of the risk methodology
- Risk management policy revision
- Fraud awareness campaign;
- Case management and investigation.

7. Audit Report

7.1 Progress against Internal Audit Finding Matrix

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2015/2016

Audit Assignment	Finding	Year	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"
4. HUMAN CAPITAL MANAGEMENT	4.1.2 Draft human capital policies not yet approved	2015/2016	Non IT	The following human capital policies have been drafted and presented for approval in September 2014, however the policies are not yet approved: <ul style="list-style-type: none"> • Recruitment policy • Leave policy • Bursary policy 	Management is currently using the dti policies while still waiting for the organised labour to confirm they are satisfied with the contents of the policies.	30-Sep-16	Executive Manager: Group Corporate Services	Not addressed

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2016/2017

Audit Assignment	Finding	Year	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	action owner comment(Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
PAYROLL	4.3 Relocation amount calculation not in line with policy	2016/2017	Non IT	Relocation allowance paid to an official who transferred to Cape Town was not according to the dti Resettlement Policy. Excess amount paid R 2 028.19	Management does not agree to the finding. CIPC is on a CTC at all levels the monthly package is used to calculate the relocation allowance as it is consistent for employee in the same package. The basic salary on the payslip depends on many variable e.g. pensionable percentage; Bonus. The draft CIPC Resettlement	End 2017	Francois Van Eck	Not addressed	The finding was addressed and the draft new resettlement policy changed to cater for the all inclusive package total. The latter was discussed with the DPSA who advised to re-align the same with the framework that CIPC is using - it was discussed and accepted by the auditors. The Policy was drafted and submitted for consultation (To be finalised by the end of September 2017) second quarter. The policy is still in the process of being finalised. From the Leave Policy f. Leave payouts are		This action date moves now to March 2021 or sooner with the acceptance and approval of the relevant policy as it is currently in the consultation process. This information is still the same due to the Policy not being approved to date. Francois 29/9/2020T his information is still the same due to the	No movement since last reporting .

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2016/2017

Audit Assignment	Finding	Year	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	action owner comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
					<p>nt policy is aligned to cater / indicate for "all inclusive package" as all staff are in this category. A resolution was taken to finalise the policy in 2017.</p>				<p>based on the all-inclusive salary package for Senior Management Service (SMS) and Middle Management Service (MMS) staff and on the basic salary, plus 37%, in lieu of benefits for salary levels 1 to 10. Payouts are calculated according to specific formulae. Same principle is applied. See the Leave Directive attached. Incidental expenses *** (TAG A ITEM 5.1.7.2 & B2 SALARY ADVICE). Due to the CIPC's remuneration framework where all staff is</p>		<p>Policy not being approved to date. Francois 11/01/2021</p>	

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2016/2017

Audit Assignment	Finding	Year	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	action owner comment(Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
									on all inclusive packages (benefits included) the latter is used to calculate the 25 or 100 % of the basic monthly salary applicable as it is the same or even less than basic salary + 37% in lieu of benefits.			
PAYROLL	4.6 No evidence that the performance bonus calculations were reviewed by the Senior Manager and CFO	2016/2017	Non IT	During the review of the performance bonus transactions it was identified that there is no evidence of review of the calculations spreadsheets and VIP processing	The Acting CFO has on certain occasions requested that she be excluded from signing off the payroll because included on the payroll are some of the payments which she initially did	01-Apr-17	William Modupo	Addressed				

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2016/2017

Audit Assignment	Finding	Year	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	action owner comment(Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
				reports by the Senior Manager: Accounting and acting Chief Financial officer.	not recommend the policy applicable. Commissioner to overwrite the approval of CFO where there is a dispute.							
PAYROLL	4.7 S&T transactions identified where claim amount paid differs from recalculated amount	2016/2017	Non IT	From a sample of thirty (30) S&T transactions selected for review, three (3) were identified where the claim amount differs from the amount recalculated during the audit, this resulted in	Management acknowledges the findings. Intensify Review, Refund the Officials and Recover what is due to CIPC.	Not provided	Not provided	Addressed				

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2016/2017

Audit Assignme nt	Finding	Year	IT/No n IT	Finding Details	Original Managem ent Comment & Action Plan	Original action date	Responsi ble person	Status at "date"	action ownetr comment(Q1)	Action owner Comme nt Q2	Revised action date	Auditor' s comme nt
				a 10% error rate.								

IT AUDIT FOLLOW UP AUDIT	4.3 Lack of a contract and service level agreement between IT and business	2016/2017	IT	CIPC's IT department does not have a formalised and approved Service Level Agreement (SLA) with business. CIPC has an informal process whereby Columbus Service Management and Helpdesk Application reports are used to monitor the turnaround times for logged and resolved help desk incidents.	Management agree with the finding. 1. The service catalogue will be define and approved 2. The SLA with business will be approved.	1. 31 September 2017 2. 31 October 2017	1. Deane Nkuna Divisional Manager – Application and Architecture 2. Samson Sekgobela Divisional Manager – IT Service Delivery	Not addressed	1. The BISG Engagement Model and Service Catalogue were dependencies for the completion of BISG SLA with business. 2. We have prioritised the Service Catalogue and SLA implementation in 2018/2019. 3. The draft Service Catalogue was circulated to IT Manco members for comments on 21-12-2017. The catalogue is expected to be tabled on 24 May 2018 at IT Manco for discussion. The BISG Engagement Model is a dependency for Service Catalogue. 4. 2019 Update - The BISG Engagement Model was approved and currently the final version of Service Catalogue will be		1. Q1 2020/2021
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tabled at the IT MANCO on 31 October 2019. The SLA will be prioritised in 2020/2021.

5. 2020/05 Update - The BISG Engagement Model was approved and the ICT Service Catalogue was approved by the IT Manco, to be forwarded to the next coming CIPC Manco for recommendation of approval by the EXCO. The SLA will be prioritised in the next financial year.

6. 2021/01 Update - Implementation of SLA report mechanism, continuously report to business units and IT Risk Committee.

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2016/2017

Audit Assignment	Finding	Year	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	action owner comment(Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
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INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2016/2017

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INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2016/2017

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									on all inclusive packages (benefits included) the latter is used to calculate the 25 or 100 % of the basic monthly salary applicable as it is the same or even less than basic salary + 37% in lieu of benefits.			
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INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2016/2017

Audit Assignment	Finding	Year	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	action owner comment(Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
				reports by the Senior Manager: Accounting and acting Chief Financial officer.	not recommend the policy applicable. Commissioner to overwrite the approval of CFO where there is a dispute.							
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INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2016/2017

Audit Assignme nt	Finding	Year	IT/No n IT	Finding Details	Original Managemen t Comment & Action Plan	Original action date	Responsi ble person	Status at "date"	action ownetr comment(Q1)	Action owner Comme nt Q2	Revised action date	Auditor' s comme nt
				a 10% error rate.								

IT AUDIT FOLLOW UP AUDIT	4.3 Lack of a contract and service level agreement between IT and business	2016/2017	IT	CIPC's IT department does not have a formalised and approved Service Level Agreement (SLA) with business. CIPC has an informal process whereby Columbus Service Management and Helpdesk Application reports are used to monitor the turnaround times for logged and resolved help desk incidents.	Management agree with the finding. 1. The service catalogue will be define and approved 2. The SLA with business will be approved.	1. 31 September 2017 2. 31 October 2017	1. Deane Nkuna Divisional Manager – Application and Architecture 2. Samson Sekgobela Divisional Manager – IT Service Delivery	Not addressed	<p>1. The BISG Engagement Model and Service Catalogue were dependencies for the completion of BISG SLA with business.</p> <p>2. We have prioritised the Service Catalogue and SLA implementation in 2018/2019.</p> <p>3. The draft Service Catalogue was circulated to IT Manco members for comments on 21-12-2017. The catalogue is expected to be tabled on 24 May 2018 at IT Manco for discussion. The BISG Engagement Model is a dependency for Service Catalogue.</p> <p>4. 2019 Update - The BISG Engagement Model was approved and currently the final version of Service Catalogue will be</p>		1. Q1 2020/2021
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tabled at the IT MANCO on 31 October 2019. The SLA will be prioritised in 2020/2021.

5. 2020/05 Update
- The BISG Engagement Model was approved and the ICT Service Catalogue was approved by the IT Manco, to be forwarded to the next coming CIPC Manco for recommendation of approval by the EXCO. The SLA will be prioritised in the next financial year.

6. 2021/01 Update
- Implementation of SLA report mechanism, continuously report to business units and IT Risk Committee.

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
APPLICATION CONTROL REVIEW ON THE PTOLEMY SYSTEM	Inputs errors due to manual capturing of patent and design		Patent and design process are manually captured, may results in errors as in the case where customers gets billed twice due to officials making human error when capturing which is not detected timely by the system.	Finding noted Patent and Design: IPAS is being tested. Demo to be given in November 2018. Service provider came onsite in July 2018 to do business process.	31-Mar-19		Not addressed	IPAS is in testing. We are further developing the system to build in more system functionality. Live testing is scheduled for the new financial year.	IPAS is in testing. We are further developing the system to build in more system functionality. Live testing is scheduled for the new financial year.	30-Jun-19	

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Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
EDUCATION AND AWARENESS AUDIT	There is no policy and or procedures /strategy for Education and Awareness function for Innovation and Creativity Group		There is no policy and / or procedures / strategy to govern Education and Awareness functions	Management agrees with the finding. The organisation has started the process of implementing an Organisational Design. It is envisaged that there will be changes to the structure and the method of undertaking education and awareness projects. Management would rather wait for the OD process before developing a new policy. The policy will be developed after the	Four months after the organisational design is developed		Not addressed	Please note that the OD has not happened, so our response is still the same on all.	Please note that the OD has not happened, so our response is still the same on all. NM January 2021 - The organisation has initiated changes in how we conduct Education and Awareness sessions. Mainly driven by new ways of working,	After completion of OD	No movement from last reporting

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Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
				Organisational Design is completed.					most of these will be centralised. It is also envisaged that there will be structural changes focused on education and awareness. Considering the above, it will only make sense to respond to these findings once changes are done and the OD		

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Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
									process is completed		
EDUCATION AND AWARENESS AUDIT	Inconsistencies identified in planning for Education and Awareness programs		A. For thirty four (34) out of thirty five (35) events audited, we could not obtain evidence that the following are considered when planning for Education and awareness programs.	Management agrees with the finding. The organisation has started the process of implementing an Organisational Design. It is envisaged that there will be changes to the structure and the method of undertaking education and awareness	Four months after the organisational design is developed		Not addressed	Please note that the OD has not happened, so our response is still the same on all.	Please note that the OD has not happened, so our response is still the same on all. NM January 2021 - The organisation has initiated changes in how we	Planning for different interventions at the moment. Changes will be effected after OD.	No movement from last reporting

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			a) Purpose and objectives are defined; b) Target audience is identified; c) Key messages have been developed; d) Activities and communication tools have been identified	projects. Management would rather wait for the OD process before developing a new policy. The policy will be developed after the Organisational Design is completed.					conduct Education and Awareness sessions. Mainly driven by new ways of working, most of these will be centralised. It is also envisaged that there will be structural changes focused on education and awareness. Considering the above, it		

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									will only make sense to respond to these findings once changes are done and the OD process is completed		
EDUCATION AND AWARENESS AUDIT	Education and Awareness programs not evaluated and / or assessed		It was identified that for the following thirty four (34) planned awareness campaigns evaluations are not done to assess whether the objectives of the	Management agrees with the finding. The organisation has started the process of implementing an Organisational Design. It is envisaged that there will be changes to the structure and the method of	Four months after the organisational design is developed		Not addressed	Please note that the OD has not happened, so our response is still the same on all.	Please note that the OD has not happened, so our response is still the same on all. NM January 2021 - Assessments have started	Management has introduced assessments in training sessions done for enforcement	No movement from last reporting

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Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
			<p>programs are achieved. B. For the following five (5) training events evaluations were completed but we could not obtain evidence that they were assessed to understand the effectiveness of the training</p>	<p>undertaking education and awareness projects. Management would rather wait for the OD process before developing a new policy. The policy will be developed after the Organisational Design is completed.</p>					<p>happening by way of feedback requested on some of the virtual platforms. Assessments are also done by assessing comments and questions asked by participants on these platforms.</p>	<p>agencies and conferences. General education and awareness will be done after OD</p>	

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EDUCATION AND AWARENESS AUDIT	Evidence of approval of presentations and exhibition material for adhoc events could not be obtained		We could not obtain evidence of approval of presentations and exhibition material for adhoc events and exhibitions by either the executive manager / divisional manager / senior manager. Discussions with management revealed that for planned events a standard presentation is utilized but for	Management agrees with the finding. The organisation has started the process of implementing an Organisational Design. It is envisaged that there will be changes to the structure and the method of undertaking education and awareness projects. Management would rather wait for the OD process before developing a new policy. The policy will be developed after the	Four months after the organisational design is developed		Not addressed	Please note that the OD has not happened, so our response is still the same on all.	Please note that the OD has not happened, so our response is still the same on all.	Approvals are now done via emails for local interventions and submissions for others.	No movement from last reporting

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			adhoc requests it has to be customized based on the invite	Organisational Design is completed.							
EDUCATION AND AWARENESS AUDIT			Draft MOU between CIPC and Department of Science and Technology (DST) relating to Education and Awareness interventions has not been signed though the programs are being implemented since 2016	Management agrees with the finding. The organisation has started the process of implementing an Organisational Design. It is envisaged that there will be changes to the structure and the method of undertaking education and awareness projects. Management would rather	Four months after the organisational design is developed		Not addressed	Please note that the OD has not happened, so our response is still the same on all.	Please note that the OD has not happened, so our response is still the same on all.	Memorandum of Understanding signed	No movement from last reporting

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				wait for the OD process before developing a new policy. The policy will be developed after the Organisational Design is completed.							
EDUCATION AND AWARENESS AUDIT	Inconsistencies identified on reporting templates utilised for Education and Awareness events		During the audit we discovered that the three (3) sections performing Education and Awareness functions in the Innovation and Creativity group are each using a different template	Management agrees with the finding. The organisation has started the process of implementing an Organisational Design. It is envisaged that there will be changes to the structure and the method of undertaking education and awareness	Four months after the organisational design is developed		Not addressed	Please note that the OD has not happened, so our response is still the same on all.	Please note that the OD has not happened, so our response is still the same on all. NM January 2021 - The organisation has initiated changes in how we	Inconsistencies of reporting will be different for different interventions. Will be reviewed after the OD.	No movement from last reporting

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			for reporting on events. As a result the three sections report on different factors and it does not give a clear picture of what the Innovation and Creativity group seeks to achieve	projects. Management would rather wait for the OD process before developing a new policy. The policy will be developed after the Organisational Design is completed.					conduct Education and Awareness sessions. Mainly driven by new ways of working, most of these will be centralised. It is also envisaged that there will be structural changes focused on education and awareness. Considering the above, it		

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

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									will only make sense to respond to these findings once changes are done and the OD process is completed.		
SURVEILLANCE AND ENFORCEMENT AUDIT	There was no evidence that Compliance Notices issued were monitored		From the six (6) Compliance Notices that were due for monitoring, we could not find evidence that the two (2) issued Compliance Notices listed below were	Management agrees with the finding, the monitoring Compliance Notices issued has not happened. • Please see 4.5 and 4.6 refer to same companies, same inspector Unati Motau who has been	30-Jun-19		Not addressed	Various correspondence between Enforcement and the Companies happened to try and get the Companies compliance	Unati Motau returned from her time she was seconded to the Office of the State Attorneys in April 2019. The Senior Manger followed	Depends on the receipt of responses by the two companies. Although we always ask inform	

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Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
			monitored to establish whether they have been complied with, as there was no correspondence on file addressed to the respondents for follow up. This resulted in a 33% error rate.	seconded to the Office of the State Attorney until 31 March 2019. Senior Manager will be monitoring the Compliance Notices. • Senior Manager will also follow up with the Respondent and depending on the response, draft affidavits will be prepared for Unati Motau. However, depending on her availability, the best we can offer time wise is once she is				nt to submit the AFS. However, according to the Directors they have succeeded in getting most of the investments, except for three specific investments. The Directors were given a further period until 30	up with Accountant as well as the Auditor in between 23 October 2018 to 13 November 2018. However, the Accountant informed CIPC that she had been appointed as their accounting officer for two years and if they do not give her the required	ation to be submitted on a certain date, it is not a certainty to get all the requested substantiated information on the date requested.	

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Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
				<p>available. Previous experiences where cases in respect of compliance notices were opened, it took more than three visits to the SAPS to open the case and very seldom can we get hold of the SAPS Investigating Officer for feedback on the case. They do not necessarily just accept our affidavit, they take a further statement from the Investigator, hence the time factor.</p>				<p>July 2020 to provide the AFS,</p>	<p>information, she will resign in December 2018. None of the two companies appears to have an accountant or an auditor as the disclosure certificates do not reflect any accountant or auditor at this point in time.</p>		

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

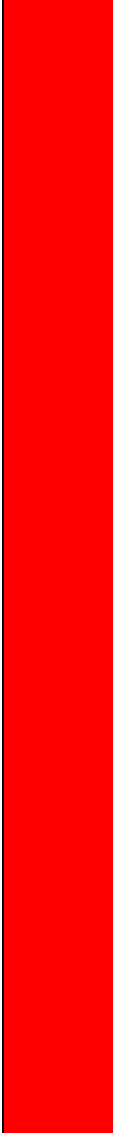
Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
				<ul style="list-style-type: none"> The two Registers for Compliance Notices already address the details (which will most probably be different per case). No further process for documentation required. 							

<p>SURVEILLANCE AND ENFORCEMENT AUDIT</p>	<p>Evidence of imposing a fine or referral to the NPA was not found</p>		<p>From a total of three (3) Compliance Notices where there was non-compliance with Section 171 (7), we could not find evidence that an application was made to court to impose the fine or the matter was referred to the NPA in cases where the Compliance Notices were not complied with.</p>	<ul style="list-style-type: none"> • A letter can only be forwarded to the NPA after we have succeeded to open a case with the SAPS. Furthermore, iro G5(2017) and 31(2017), no application can be made to court to impose a fine as it is reliant on inter alia the turnover of the companies, which in this case, is the reason for the compliance notice as the AFS have not yet been prepared / finalised as one of the requirements. On 22 January 2018 Ms Unati Motau requested Philip Roode 	<p>31-Mar-19</p>		<p>Not addressed</p>	<p>It needs to be mentioned that in terms of both the two companies to whom Compliance Notices were issued, two new complaints were received from the same Complainant. Lana van Zyl was directed by the Commissioner to investigate the matters. Depending on the infomari</p>	<p>It needs to be mentioned that in terms of both the two companies to whom Compliance Notices were issued, two new complaints were received from the same Complainant. Lana van Zyl was directed by the Commissioner to investigate the matters. Depending on the infomari we might get from the</p>	<p>Depends on the receipt of responses by the two companies. Although we always ask information to be submitted on a certain date, it is not a certainty to get all the requested substantiated information on the date</p>
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			<p>and Hentiq on their compliance with the Compliance Notices. On 23 January 2018 the Accountant for the two companies responded that they have tried to comply with the dates but it was impossible, they are still busy with the capturing and reconciliation of the group. They also asked for extension of set date. The Inspector provided a detailed response on 5 March 2018. The turnover is not available as yet and in addition there are seven(7) further</p>			<p>on we might get from the companies, it is the intension to include the non-compliance with the already issued Compliance Notices together with the findings of the new investigations in a consent order to be confirmed by the High Court.</p>	<p>companies, it is the intension to include the non-compliance with the already issued Compliance Notices together with the findings of the new investigations in a consent order to be confirmed by the High Court.</p>	<p>requested.</p>	
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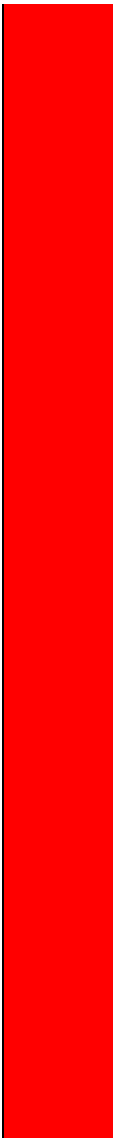
requirements needed in respect of Section 175(2) that a judge will require from the applicant (CIPC) to determine an appropriate fine.

- In respect of G55 (2017) and G88 (2017), there was communication with the directors after the issuing of the Notice, but it appears there still not compliance with the Notice. There is an application to the Tribunal in respect of G88 (2017), however, there is official stamp on the document and there is also



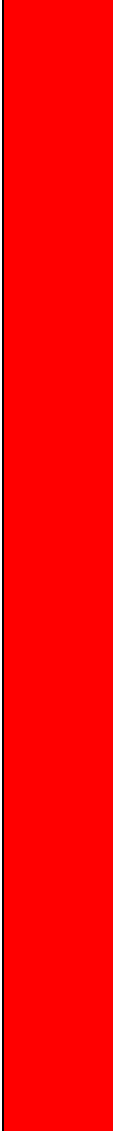
email dated 23 August 2018 to the Tribunal to request whether an application was received by the Tribunal. On 23 August 2018 Tribunal came back “do not have any record of this case. And I’m not sure what happened with the email because I am unable to trace it.”.

- As Ms Unati Motau will have to prepare the affidavit to open a case with the SAPS, I cannot give a specific time for compliance as it will depend on her availability as she is seconded to

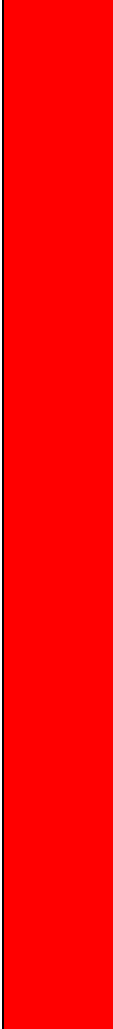


the State
Attorney until
1 April 2019.

I will follow up
with the
Respondent
and depending
on the
response, a
draft affidavit
will be
prepared for
Unati Motau.
However,
depending on
her availability,
the best we
can offer time
wise is once
she is
available.
Previous
experiences
where cases
in respect of
compliance
notices were
opened, it took
more than
three visits to
the SAPS to
open the case
and very
seldom can
we get hold of
the SAPS



				Investigating Officer for feedback on the case. They do not necessarily just accept our affidavit, they take a further statement from the Investigator, hence the time factor						
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SURVEILLANCE AND ENFORCEMENT AUDIT	Process not approved		We noted that; although documented; the process followed for investigations at Surveillance & Enforcement unit is not approved.	<ul style="list-style-type: none"> The processes / flow diagram provided to Internal Audit cover all aspects of our procedures and the specific forms highlighted in red in the flow diagram indicate that it must be signed by the Commissioner . During the ISO 9001 auditing of our processes, there was never a problem identified due to the absence of it being approved and documented. I must also 	30-Apr-19		Not addressed	On 19 October 2018 documentation was forwarded to Jeanette Abreu for the development and thereafter it was also lodged via Columbus. No feedback into the progress of the development was received .		No feedback was received from ICT / Columbus. The feedback that I received is that is not yet signed off.	

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				<p>mention that the processes / flow diagram provides various options in certain stages and quite possible certain stages can be skipped, based on information that is received.</p> <ul style="list-style-type: none"> • Should the processes be documented and approved as Standard Operating Procedures, the real possibility is that innovative approaches taken by Investigators might be 				Columbus ticket No: 20190291450565			

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				<p>regarded as non-compliance, which will be in no one's interest.</p> <p>Having said that, a process will be developed in line with the Companies Act which will be used as a Standard Operating Procedure for the Surveillance and Enforcement unit.</p>							

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IT SECURITY REVIEW	4.2 IT Security Policy is outdated and not regularly reviewed		The IT Security policy has not been regularly reviewed and is also outdated in order to address the information security for employees and service providers. It was noted that the policy refers to old standards i.e. King 3 and COBIT 4.1. It was further noted that the policy does not clearly define how often the	ICT still need to appoint an Information Security Manager to develop an ICT Security Roadmap and develop and/or review all the ICT security governance documents. Even though the ICT has this position on its structure, the position cannot be filled due to the moratorium on advertising and filling of the vacant positions in CIPC. The CIPC has embarked on an			Not addressed	BISG will review the IT Security Policy by Q2 2020/2021.	Planned for Q4	End Q2 2020/2021	

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			<p>policy is reviewed. The outdated policy may results in people, technology and regulatory risks within CIPC to increase into unmanageable level thus resulting in electronic data being compromised. It should be reviewed regularly to enable changes within CIPC environment based on</p>	<p>Organizational Design (OD) Project. The outcome of this project will inform a new Organizational Structure that will permit the appointment of same.</p> <p>The status will remain until such a time the position of the Information Security Manager is filled. In the Interim matters affecting IT Security Governance are dealt with at the IT MANCO</p>							

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			changes that are posed by IT continuous growth.								
IT SECURITY REVIEW	4.3 Lack of process that integrate IT security plan into development of SLA		BISG does not have a process in place to integrate IT security plan into the development of service level agreement in order to protect customer's personal information	ICT currently does not have a Business Unit specific SLA's with business, however, a Services Catalogue has been developed for all ICT services. An ICT Engagement Model has also been	31 March 2020.		Not addressed	The ICT Service Catalogue is drafted and to be tabled at the next IT Manco for recommendation and approval.		End Q2 2020/2021	

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			<p>and sensitive electronic data. Such plan is used to mitigate threats against your CIPC, as well as help CIPC to protect the integrity, confidentiality, and availability of organisational data</p>	<p>developed and approved and is currently under implementation and deployment. ICT has conducted workshops with business on both the above mentioned.</p> <p>The next step is to develop the BU specific SLA's with business based on the Engagement Model and Services Catalogue in the 2019/2020 financial year. ICT Security services is part of the ICT</p>				<p>2020/05 Update - The ICT Service Catalogue was tabled IT Manco was recommendation for approval through round robin. The document to be tabled at the next CIPC Manco for recom</p>			

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				<p>services catalogue and therefore will be part of the ICT SLA with business.</p> <ul style="list-style-type: none"> • In the interim security matters are managed centrally through the MacAfee Cyber-Security Solution and policy implementation of Active Directory • Development of an ICT SLA predicated by BU specific requirements will be completed with business by 31 March 2020. 				<p>mandation of approval to EXCO.</p> <p>2020/06 - No further update as at end June 2020. Still to be served at CIPC MANCO</p>			

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<p>SECURITY MANAGEMENT REVIEW</p>	<p>No Security Management Policy in place</p>		<p>During the review of the process we noted, upon request and discussion with Management, at the opening meeting held on the 4th of February 2019 and during the process understanding meeting held on the 6th of February 2019, that there is no approved policy in place that guides the security</p>	<p>Management Response to Finding and Root Cause: A draft Security Policy developed was initially developed during 2011 and tabled at a, then CET (CIPRO Executive Team) meeting, in Centurion. Thereafter, it is scheduled to be presented to Organised Labour at the offices of the Bargaining Council in Centurion, but although being present the</p>	<p>During May 2019 after approval by the Accounting Authority.</p>		<p>Not addressed</p>	<p>8 Jul 2019 The draft Security Policy has been developed and distributed to MANCO members for inputs and will be discussed at the next Meeting scheduled for 15 July 2019.</p>			<p>Follow-up done on 05/07/2019. No feedback received.</p>

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			management processes and procedures followed.	<p>meeting, this did not realise for some or other reason. Following this a number of other activities received preference i.e. the New CIPC Building Project (Nedpark Building) and changes to the organisational structure with a number additional responsibilities been added to the unit, which again created other priorities, which received preference.</p> <p>Since this security audit commenced, a</p>							

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
				draft Security Policy was developed and currently being perused (reviewed), prior to being submitted for recommendation by MANCO.							

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
<p>SECURITY MANAGEMENT REVIEW</p>	<p>Inadequate security management monitoring processes.</p>		<p>Upon request of security management monitoring reports, the following inconsistencies were noted: a) There is no evidence that monthly and quarterly monitoring reports were compiled by the Contractor or the Companies and Intellectual Property Commission</p>	<p>Management Response to Finding and Root Cause: The monitoring of security service contracts have been performed by the responsible officials, by physically visiting sites and specifically the security personnel on duty. Where problems were found it was immediately addressed and on various occasions on-the-job training was provided to security</p>	<p>31-May-19</p>		<p>Not addressed</p>	<p>8 July 2019 The specific assigning of sites to officials is in process as the workplans are in the final stage of development and the aspects to be address covered within the draft Security Policy and to be implemented</p>			<p>Follow-up done on 05/07/2019. No feedback received.</p>

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
			<p>n (CIPC) security management department for the three (3) Security Service Level Agreements that are in place. b) Upon discussion with the Security Specialist, we noted that he maintains a record of site visits in his personal diary indicating matters that he needs to</p>	<p>officers. Further to this, there was constant communication with the service provider management/supervisors in respect of the services rendered. The record of actual actions/discussions, etc., were not all recorded for record purposes and this includes the required reports by both not being maintained. The fact that there was no formal template and</p>				<p>nted as soon as approved.</p>			

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
			address and meetings with service providers. He further provided email communication between himself and the Office Managers at the Pretoria and Johannesburg offices. However, the details captured on the diary do not indicate whether the matters which were raised were addressed/	or execution plan also contributed to the fact that records were not held. Another factor which is believed to contribute to this, is the fact that no specific site has been allocated to an official and therefore confusion as to who this responsibility actually resides with. The recommended templates will be developed by the team and a site assigned to a said official to							

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
			<p>closed off. It further doesn't indicate the type of measures which were taken, when these actions were taken and whether any escalations were made to resolve matters raised. In addition, the email communication and the diary do not indicate whether visits were made to the Cape</p>	<p>accept the responsibility for a specific contract.</p>							

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
			Town Office								

<p>SECURITY MANAGEMENT REVIEW</p>	<p>Ineffective access controls at the CIPC premises.</p>	<p>There are two (2) security officers placed at the entrance area of the CIPC Head Office and two (2) security officers placed at the basement fire escape door, and during observation of access controls at the CIPC on the 20th, 22nd and 26th of February 2019 the following was noted:</p> <p>Conveyor Belt When individuals place their bags/items</p>	<p>Management Response to Finding and Root Cause:</p> <p>The security officers performing access control within the entire dti Campus, are appointed by the concessionaire in terms of the dti Campus PPP (Public Private Partnership), which includes the management of the security services, access control systems, etc. They execute their duties as assigned by the EDC (Experience Delivery Company) appointed by the concessionaire</p>	<p>30-Jun-19</p>	<p>Not addressed</p>	<p>8 July 2019</p> <p>The appointment of a receptionist has been escalated to the Executive and as the service providers for the CIPC Organisational Design have been appointed and soon to commence, this will be addressed as the entire Facilities and Security</p>	<p>-</p>	<p></p>	<p>Follow-up done on 05/07/2019. No feedback received.</p>
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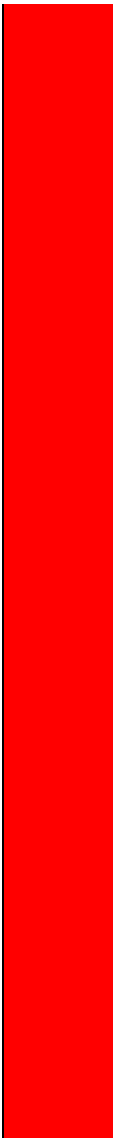
		<p>through the conveyor belt we noted that the screen is left unattended by the security officials therefore not 'inspecting' what is in the bag. In one instance, a visitor was not requested by the security officers to put their backpack through the conveyor belt.</p> <p>Basement Entrance/Exit There are inconsistencies with the access controls at</p>	<p>e and responsible for such within the campus. CIPC is a tenant within the dti Campus and thus are not directly responsible for the security officers which poses a challenge.</p> <p>In the absence of a receptionist, security personnel are attending to visitors as the planned for the appointment of a receptionist by CIPC, was halted when a monitorium was placed on the filling of posts within CIPC.</p> <p>The responsibility for the</p>			<p>Unit is to be covered.</p> <p>The changes to the Operational Security procedures are covered thoroughly within the draft Security Policy and at approval the changes will be implemented and effected.</p>		
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			<p>the main entry as all employees go through the metal detector and place their belongings through the conveyor belt. However, there are no metal detectors or conveyor belts at the basement entrance. The security officers sit outside the access controlled basement door without hand held scanners to scan/search the CIPC employees for any dangerous weapons</p>	<p>InvestSA entrance does not reside with the CIPC, and CIPC staff should not be permitted to access or exit the said entrance.</p> <p>Since CIPC occupying the dti Campus in 2004, the use of the "emergency stairs", was necessitated due to business operations and specifically for the movement of files from the basements.</p> <p>The findings within this reports shall be escalated to the EDC for consideration and action. Following the approval of the</p>							
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		<p>on first point of entry onto the premises.</p> <p>Laptop Register The security officials do not physically check the visitor's laptop, on arrival and departure, to confirm the serial number as documented in the laptop register is correct.</p> <p>InvestSA Entrance One of our team members who did not have access was able to go through the</p>	<p>"Security Policy" by the Accounting Authority, the necessary recommendations to reduce the access points to the building shall be submitted to the Commissioner and on approval implemented. The request for the appointment of a receptionist shall also be escalated to the Commissioner .</p> <p>The prescripts as per the Operational Measures within the Security Policy shall implemented after approval of the policy.</p>					
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InvestSA entrance who was then requested to complete the laptop register, however, no CIPC official was contacted to escort the team member through to the CIPC offices.

In another instance, the team member was not asked to complete the laptop register. The member then noted that the door that separates InvestSA and CIPC is not



functioning.
When coming in from InvestSA the door has an access control scanner, however the door opens and closes without presenting an access card as there is no access card scanner fixated the other side of the door (leaving CIPC and existing through the door).

Upon leaving the CIPC offices on the 8th of March

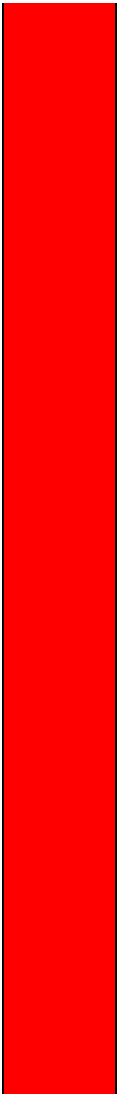


2019, the team member requested that the security officials open the door however the team member was directed to use the InvestSA exist

In addition to the above observations, it was noted that for a period of 3 weeks (starting on 18 February 2019 and ending on 08 March 2019) the glass card reader door at reception area on the



			ground floor leading to the CIPC offices was faulty and did not require an access card to enter and exit the door.							
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INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
<p>SECURITY MANAGEMENT REVIEW</p>	<p>Inconsistencies with deactivation of terminated employees on the system</p>		<p>From a population of ten (10), we obtained formal communication for five (5) employees that was between the security department and the front desk requesting that these employees be deactivated from the system.</p> <p>However, for the following five (5) terminated employees</p>	<p>Management Response to Finding and Root Cause:</p> <p>The Facilities and Security Unit is dependent on the Human Resource Response Unit in the event of termination of CIPC officials and of business units in respect of Contractors, Consultants, etc. as these units are directly involved within the contracts of the appointments, terminations, etc.</p>	<p>30-Jun-19</p>		<p>Not addressed</p>	<p>8 July 2019</p> <p>The matter is to be addressed with the implementation of the Security Policy as there are specific procedures stipulated any person leaving the organisation.</p> <p>An exercise has</p>	<p>-</p>		<p>Follow-up done on 05/07/2019. No feedback received.</p>

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
			<p>no evidence could be obtained to substantiate that the security department had communicated with the front desk official at the main DTI entrance to deactivate their access cards on the system. Details are tabulated below</p>	<p>Any such information is not always timeously reported to the facilities and Security Unit.</p> <p>Further the unit is dependent on the dti Campus appointed service provider, managing the dti Campus access control systems, etc. for the disabling of any such access.</p> <p>The prescripts as per the Operational Measures within the draft</p>				<p>been conducted to deactivate all access cards of persons identified to have left CIPC and or who have not used the card for more than a month.</p>			

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
				Security Policy shall implemented after approval of the policy.							

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
SECURITY MANAGEMENT REVIEW	Security officer(s) took on functions that are not part of their job requirements		During the review, it was noted through observation that the security officers at both the CIPC head office as well as the security officers at the Self-Service Centre at the Sancardia Pretoria office are taking on job functions that are not part of their work scope. We noted that the	Management Response to Finding and Root Cause: The practise in which security officers are involved in other CIPC functions have not previously been brought to our attention and any such request channelled via the Facilities and Security Unit as this is not supported in any instance. Therefore the clause in which security personnel are to refrain from being involved	31-May-19		Not addressed	8 July 2019 The appointment of a receptionist has been escalated to the Executive and as the service providers for the CIPC Organisational Design have been appointed and soon to commence, this will be	-		Follow-up done on 05/07/2019. No feedback received.

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
			security officers go through the client's documents to verify whether the client has all the required documents to register a company, make amendments to a company profile, create a customer code or register a cooperative (registering a cooperative can only be done at the Head Office).	in any CIPC function has been included in the "terms of reference" documents. This excludes the "reception" duties within Block "F" in which the security officer will ascertain from the client what the purpose of the visit would be and may inspect a documents to determine what the client requires or to whom the client is to be referred in the event of a client visiting without an appointment				addressed as the entire Facilities and Security Unit is to be covered. The matter has been raised with the dti Campus Security Committee, but changes to the Operational Security procedures as per the			

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
			<p>Only once the security officers are satisfied that all documents have been provided, they call an official from the CIPC to come and assist. If not satisfied, the security officers send back the clients.</p>	<p>as the rule is that only clients with an appointment shall be permitted to access the building. However, clients are being referred to Block "F" by the Self Service Centres from time to time when a specific issue cannot be addressed at the Service Centres. Security personnel are to manage queues to the Self Service Centres and as the queues are long and</p>				<p>draft Security Policy shall be implemented and effected at approval thereof.</p>			

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
				<p>clients may be in the queues for long periods, it may result in the security personnel responding to a client to follow the automated process, etc. The Service Centres should have a "Client Liaison Official" managing the queues or an official responsible for such at the offices which would alleviate the current situation.</p> <p>The private security personnel,</p>							

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
				<p>shall be made aware of the abovementioned clause, via the prescribed channels and this be monitored. The provision of a "receptionist" in the case of Block "F" as well as the "client liaison function" at the Self Service Centres shall be escalated to the Executive to be considered in the organisational structure to be designed.</p>							

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
SECURITY MANAGEMENT REVIEW	Inconsistent completion of incident reports.		a) Upon review of the incident reports of the two (2) incidents reported during the period under review, we noted that "Theft and Incidents" forms attached to the reports are not adequately completed. The forms were not signed off where provision is made for the Risk Management Department	Management Response to Finding and Root Cause: On reviewing the finding, it was found that the cases referred to above were not concluded within the (7) day period as prescribed in the Loss Control Policy and reports dispatched via email, were for some or other reason overlooked within the inbox of the Senior Manager and therefore the final report for these cases	31-May-19		Not addressed	08 July 2019 The investigation of incidents been included within the Security Policy and will be implemented with the approval of such. The outstanding reports have been completed and escalate			Follow-up done on 05/07/2019. No feedback received.

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
			<p>a) Executive Manager Corporate Services, EXCO and Commissioner.</p> <p>b) The conclusion provided on the incident reports (conclusions made on incident section) are inconclusive and do not provide a way forward/recommendations/action plans regarding the incident that has been reported.</p>	<p>were not submitted as required. The incident of 6 June 2018 was emailed on 14 December 2018 and the incident of 13 December 2018 emailed on 11 February 2019.</p> <p>The electronic dispatch of reports via email will be reviewed and a manual report be developed to process and conclude such incidents. The consequences in respect of losses outside</p>				<p>d to the Divisional Manager: Group Risk, Compliance and Governance as per the Loss Control Policy.</p>			

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
			As such it is not clear what the next step is in resolving the incidents reported. The table refers:	the CIPC premises, shall be addressed once the reports are being submitted via the prescribed channel and the recommendations of the Divisional Manager: Group Risk, Compliance and Governance and the State Attorney are available.							

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
<p>SECURITY MANAGEMENT REVIEW</p>	<p>Inconsistencies in the completion of the security removal permit form.</p>		<p>Upon inspection of the eight (8) security removal permit forms the following inconsistencies were noted:</p> <p>The ID number of the following employee was not completed on the form</p> <p>a) The access card numbers for the following three (3) employees were not</p>	<p>Management Response to Finding and Root Cause:</p> <p>The intention with the fields in respect of the "Identity and PERSAL" numbers was that at least one field was to be recorded and therefore this has been rectified in the new template to be submitted with the draft Security Policy.</p> <p>The instruction to security personnel, since implementation of the</p>	<p>30-Jun-19</p>		<p>Not addressed</p>	<p>Dependent on OD</p>			<p>Follow-up done on 05/07/2019. No feedback received.</p>

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Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
			<p>completed</p> <p>b) The PERSAL number for the following two (2) employees was not completed:</p> <p>c) The security official did not sign the "Security Control Access" section as indication that the asset was checked when entering the CIPC premises:</p> <p>d) For the</p>	<p>"Removal Permit" and all along was that assets need to be verified with the removal permit, when an official is exits the premises.</p> <p>It appears that officials do not always declare the fact that assets are returned when accessing the premises for security personnel to record such.</p> <p>To ensure effective control of assets being removed, the implementatio</p>							

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
			<p>following six (6) asset removals, the security official did not sign the "Security Control Exit" section as indication that the assets was checked when leaving the CIPC premises:</p>	<p>n of a "Removal Permit Register" has been brought in with the draft Security Policy and prescripts in respect of the completion and verification of such, by security personnel included. The daily collection and verification of the Removal Permits by Facilities and Security Officials has also been included.</p>							

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
SERVICE DELIVERY STANDARD S AUDIT	4.1 Published Service Delivery Standards do not correspond to "approved" Service Delivery Standards		During the audit of Service Delivery Standards we noted that the Service Standard for. Co-operatives published on the CIPC website does not correspond to the Service Standard "approved" by EXCO.	We agree with the findings. A service delivery standard approval and publishing process will be mapped and implemented accordingly	31-Mar-21		Not addressed	The position Manager: Operational Excellence have not been filled.	The position Manager: Operational Excellence have not been filled.	31-Mar-21	
SERVICE DELIVERY STANDARD S AUDIT	4.1 Errors noted with the formulae for		The following errors were noted with formulae for	We agree with the findings. The technical indicator profile for each SDS, outlining	31-Mar-21		Not addressed	The position Manager: Operational	The position Manager: Operational Excellence	31-Mar-21	

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Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
	computing Service Delivery Standards		computing Service Delivery Standards achievements	the calculation formula, amongst other things will be developed.				Excellence have not been filled.	e have not been filled.		
SERVICE DELIVERY STANDARD S AUDIT	4.1 Turnaround time in the SDS report does not correspond to the "approved" Service Delivery Standards		For the period under review, it was noted that the turnaround time for five (5) Service Delivery Standards were documented incorrectly in the Service Delivery Standards report prepared by the OPEX unit.	We agree with the findings. The reporting template will be reviewed to ensure that it is aligned the approved SDS and mapped SDS process. The mapped process will outline how the report is reviewed to ensure completeness, accuracy and validity.	31-Mar-21		Not addressed	The position Manager: Operational Excellence have not been filled.	The position Manager: Operational Excellence have not been filled.	31-Mar-21	

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
SERVICE DELIVERY STANDARD S AUDIT	4.1 The fields are not appropriately referred to in the Service Delivery Standards formula		It was noted that the fields used in the formulae for Service Standards are not appropriately referred to in the IT reports/not explained what they mean.	We agree with the findings. The technical indicator profiles for SDS will also ensure alignment between the approved and published SDS, as well explain the meanings of different columns.	31-Mar-21		Not addressed	The position Manager: Operational Excellence have not been filled.	The position Manager: Operational Excellence have not been filled.	31-Mar-21	
SERVICE DELIVERY STANDARD S AUDIT	4.1 Service delivery reports not prepared at the time of the audit		The service delivery standard reports for the month of August and September 2018 were not made available for audit, as a result we could not	We agree with the findings. This is due to capacity constraints. Since the previous incumbent evacuated the position, the position has not been filled due to a moratorium on	31-Mar-20		Not addressed	No response has been received from the Commissioner.	The Commissioner agreed to address capacity issues in the Strategy Unit. A meeting will be held with the	31-Mar-21	

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Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
			confirm the achieved standards for the two months.	<p>recruitment.</p> <p>In the interim, the SDS function has been allocated to Ms Nokwanda Mdletshe, Senior Manager: Strategy, Planning and Monitoring. However the reports will have to be put on hold, until the SDS policy, process mapping, and technical indicator profiles are done. The Commissioner will be approached, to make an</p>					Commissioner to discuss the details.		

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
				exception to fill the position.							
SERVICE DELIVERY STANDARDS AUDIT	Variances noted between Internal Audit recalculations and reported results		Variances were noted between the recalculations by Internal Audit and the reported results by OPEX. The details of the variances are included as Annexure A of this report.	We agree with the findings. This is due to capacity constraints. Since the previous incumbent evacuated the position, the position has not been filled due to a moratorium on recruitment. The SDS policy, process mapping, and technical indicator	31-Mar-21		Not addressed	The position Manager: Operational Excellence have not been filled.	The position Manager: Operational Excellence have not been filled.	31-Mar-21	

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
				profiles will be compiled, ensuring that the reports and calculations are reviewed ensuring completeness, accuracy and validity. The reports will have to be put on hold, until such are finalised.							
SERVICE DELIVERY STANDARD S AUDIT	4.1 Dispatch date column of the ICT report is blank		It was noted that out of the 13, 926 name reservation applications processed in April, 351 of the applications had no dispatch date. This	We agree with the findings. The development of the SDS policy, process map and technical indicator profile will be done in consultation with BISG and Business Units to ensure that	31-Mar-21		Not addressed	The position Manager: Operational Excellence have not been filled.	The position Manager: Operational Excellence have not been filled.	31-Mar-21	

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
			resulted in a 3% error rate.	the reports are complete, adequate checked and approved by business units.							

<p>SERVICE DELIVERY STANDARD S AUDIT</p>	<p>4.1 Not all “approved” Service Delivery Standards were reported on a monthly basis</p>	<p>We noted that achievements of three (3) out of the twenty (20) “approved” Service Delivery Standards were not reported during the period under review. This resulted in a 15% error rate:</p> <p>The following are the affected Service Delivery Standards:</p> <p>a. To determine 80% of the closure of a complaints, referral to a more</p>	<p>We agree with the findings. The development of the SDS policy, process map and technical indicator profile will entail reviewing the reporting template.</p>	<p>31-Mar-21</p>	<p>Not addressed</p>	<p>The position Manager: Operational Excellence have not been filled.</p>	<p>The position Manager: Operational Excellence have not been filled.</p>	<p>31-Mar-21</p>
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		<p>appropriate authority, or appointment of an inspector within 10 working days from the date of receipt of a complaint (Corporate Disclosure and Compliance).</p> <p>b. Register 90% of companies through the Banks within 2 working days provided that name has been reserved and money allocated.</p> <p>c. Process 90% of online CC changes within 3</p>							
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		<p>working days from the date of indexing to dispatch.</p> <p>Furthermore, we noted two Service Delivery Standards that were reported but are not part of the "approved" Service Delivery Standards for the financial year 2018/2019:</p> <p>I. Process manual company changes in financial year end within 15 working days from the date of tracking.</p> <p>II. Process online</p>							
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			change of addresses for companies and Close Corporations within 5 working days.								
SERVICE DELIVERY	4.1	Th ere no		We could not find evidence	We agree with the findings. The	31-Mar-21		Not addressed	The position Manager	The position Manager:	31-Mar-21

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
STANDARD S AUDIT	evidence that 2018/2019 Service Delivery Standards were approved by EXCO		that the Service Delivery Standards provided to Internal Audit were actually approved by EXCO.	development of the SDS policy, process map and technical indicator profile will entail developing a process, outside the EXCO secretariat that will ensure that there is evidence of the approval of Service Delivery Standards for each financial year.				r: Operational Excellence have not been filled.	Operational Excellence have not been filled.		
SERVICE DELIVERY STANDARD S AUDIT	There is currently no policy for Service Delivery		There is currently no policy for Service Delivery Standards in place to	We agree with the findings. Policy for Service Delivery Standards will be developed to ensure that	31-Mar-21		Not addressed	The position Manager: Operational Excellence have	The position Manager: Operational Excellence have	31-Mar-21	

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
	Standards		guide how the Service Delivery Standards are developed, communicated, managed, reported and improved.	all major decisions and actions, and all activities around the service standards take place within the boundaries set by the policy.				not been filled.	not been filled.		
SERVICE DELIVERY STANDARD S AUDIT	4.1 No evidence that managers were given opportunity to provide inputs to SDS report		We could not find evidence that the business unit managers were given an opportunity to provide inputs into the SDS report calculations as stipulated	We agree with the findings. The SDS process mapping will include management review, validation and approval of the reports	31-Mar-21		Not addressed	The position Manager: Operational Excellence have not been filled.	The position Manager: Operational Excellence have not been filled.	31-Mar-21	

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
			in the process.								
SERVICE DELIVERY STANDARDS AUDIT	4.1 Evidence for calculations not provided		We could not find data/evidence to support the reported information for four (4) out of the twenty Service Delivery Standards that were reported on. The affected service standards are as follows	We agree with the findings. The development of SDS policy, process and indicator profile will be done in consultation with BISG, to ensure standardisation of extraction of and storage of system reports.	31-Mar-21		Not addressed	The position Manager: Operational Excellence have not been filled.	The position Manager: Operational Excellence have not been filled.	31-Mar-21	

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
SERVICE DELIVERY STANDARD S AUDIT	4.1 There is no evidence that the Service Delivery Standards report was reviewed by a Senior Official		We could not find evidence that the Service Delivery Standards reports for the month of April and July were approved by the Chief Strategy Executive.	We agree with the findings. In the interim, the SDS function has been allocated to Ms Nokwanda Mdletshe, Senior Manager: Strategy, Planning and Monitoring. However the reports will have to be put on hold, until the SDS policy, process mapping, and technical indicator profiles are done. The Commissioner will be approached, to make an	31-Mar-20		Not addressed	No response has been received from the Commissioner.	The Commissioner agreed to address capacity issues in the Strategy Unit. A meeting will be held with the Commissioner to discuss the details.	31-Mar-21	

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
				exception to fill the position.							
SUPPLY CHAIN MANAGEMENT REVIEW	4.1 Misalignment between documented processes and current business practices within the SCM unit.		During our review, we noted that the SCM procedure manual is not aligned to current business practices due to lack of updating the procedure manual. The table below refers: Furthermore, it was noted that the Supply	Management Response Management Agrees with the findings. The SCM Procedures are currently being reviewed to address the above. The following necessitated the changes: 1. Internal audit withdrew from assisting SCM in closing tenders 2. Confidentiality of			Not addressed	Not yet finalised			

INTERNAL AUDIT TRACKING - SIGNIFICANT FINDINGS 2018/2019

Audit Assignment	Finding	IT/Non IT	Finding Details	Original Management Comment & Action Plan	Original action date	Responsible person	Status at "date"	30 June 2020 Comment (Q1)	Action owner Comment Q2	Revised action date	Auditor's comment
			Chain Management procedure manual was last reviewed and approved by the Senior Manager (S. Motshweni) on the 13th of April 2014. This procedure manual is used as a guideline within the SCM unit to date and certain processes are not conducted anymore.	recommendations necessitated this the changes in BEC report 3. The National Treasury's CSD necessitated this change. SCM Procedure manual to be revised and finalised on 30 June 2019							

7.2 Progress against AG/External Audit Finding Matrix

No .	Area/division	Finding	Action Plan	Action implementation date	Current Status (Complete, In progress, not started)	Progress as on 19 November 2020	Responsible person
Financial Statements							
1	Finance and Procurement	Expenditure is understated	None This occurred during the lockdown and is anomalous.	N/A	N/A		Muhammed Jasat
2	Finance and Procurement	Capital Commitment is misclassified	None. This related to a carry over error whilst preparing the AFS note	N/A	N/A		Muhammed Jasat

No .	Area/division	Finding	Action Plan	Action implementation date	Current Status (Complete, In progress, not started)	Progress as on 19 November 2020	Responsible person
3	Finance and Procurement	Creditors reconciliations were not always prepared and reviewed on time.	Monthly reconciliations are being prepared from June 2020	Implemented	Complete		Muhammed Jasat
4	Finance and Procurement	Leave Provision is understated	VIP consultants to come in and assess the system and the reason it occurred	15-12-2020	In progress		Muhammed Jasat
5	Finance and Procurement	Revenue is overstated and Customer deposits are understated	None. Related to an incorrect formula used for the calculation during AFS preparation	N/A	N/A		Muhammed Jasat

No .	Area/division	Finding	Action Plan	Action implementation date	Current Status (Complete, In progress, not started)	Progress as on 19 November 2020	Responsible person
Compliance							
6	Governance, Risk and Compliance	Audit Committee Charter was not reviewed and approved annually	None	30-Jun-20	Complete		Bathabile Kapumha
7	Governance, Risk and Compliance	Risk and IT Charter was not reviewed and approved annually	None	30-Jun-20	Complete		Bathabile Kapumha

No .	Area/division	Finding	Action Plan	Action implementation date	Current Status (Complete, In progress, not started)	Progress as on 19 November 2020	Responsible person
8	Governance, Risk and Compliance	Risk and IT1 Charter was not reviewed and approved annually	None	30-Jun-20	Complete		Bathabile Kapumha
9	Governance, Risk and Compliance	Policies and Procedures not reviewed and approved on a regular basis	development of policy review guideline in progress.	04-Dec-20	In progress	Policy review guideline has been developed will be discussed by EXCO in their next meeting.	Bathabile Kapumha/ All executives

No .	Area/division	Finding	Action Plan	Action implementation date	Current Status (Complete, In progress, not started)	Progress as on 19 November 2020	Responsible person
10	Governance, Risk and Compliance	Risk & IT Committee and Audit Committee did not comply with the charter in terms of the meetings held	In progress. Submission for extension of AC and RiskICT members' contracts sent to Dtic. Dependent on approval by Minister	31-Jan-21	In progress	Submission sent to ministry months ago. awaiting approval. several follow ups to determine progress have been made without success. Completion of this action solely dependent on ministers approval.	Bathabile Kapumha
11	Finance and Procurement	Quotation were received after the closing date & time 2	None. Finding was removed	N/A	N/A		Muhammed Jasat

No .	Area/division	Finding	Action Plan	Action implementation date	Current Status (Complete, In progress, not started)	Progress as on 19 November 2020	Responsible person
12	Finance and Procurement	Payments not made within 30 days	Implementation of invoice workflow using the K2 system. This will eliminate the manual approval of invoices	31-Jan-21	In progress	Development is done, training to business is pending.	Muhammed Jasat
13	Finance and Procurement	Minimum qualifying score for functionality not clearly specified	Inserted the standard wording on the ToR general conditions section.	Implemented. Ongoing monitoring required	Complete		Muhammed Jasat

No .	Area/division	Finding	Action Plan	Action implementation date	Current Status (Complete, In progress, not started)	Progress as on 19 November 2020	Responsible person
Human Capital Management							
14	Corporate Services	Performance Agreements were not signed	To ensure compliance by addressing the Managers on this issue and highlighting its importance	01-Apr-20	In progress	communique sent out in Oct 2020 about deadlines for agreements and quarterly assessments	Hamida Fakira
Performance Information							

No .	Area/division	Finding	Action Plan	Action implementation date	Current Status (Complete, In progress, not started)	Progress as on 19 November 2020	Responsible person
15	Strategy	Inconsistencies between the annual performance plan and annual performance report	This was an error from the service provider who did the layout and printing of the document. The original document that was submitted to the dti is correct.	N/A	N/A	N/A	Lungile Dukwana

No .	Area/division	Finding	Action Plan	Action implementation date	Current Status (Complete, In progress, not started)	Progress as on 19 November 2020	Responsible person
16	Strategy	There are differences between Quarter 4 Report and the Annual Performance Report	Update the 2019/20 Q4 Report during Q2 reporting	31 October 2020	Complete		Lungile Dukwana
17	Strategy	The actual achievement on the indicator is misstated.	Update the 2019/20 Q4 Report during Q2 reporting	31 October 2020	Complete		Lungile Dukwana

No .	Area/division	Finding	Action Plan	Action implementation date	Current Status (Complete, In progress, not started)	Progress as on 19 November 2020	Responsible person
Information Technology							
18	ICT	Overreliance on service providers for IT services	Critical ICT posts to be advertised in the areas where consultants is currently rendering the service	01-Apr-21	in progress	A recruitment process is in progress for the for the following positions; two senior developers, two system administrators and 3 Database Administrators	Samson Sekgobela

No .	Area/division	Finding	Action Plan	Action implementation date	Current Status (Complete, In progress, not started)	Progress as on 19 November 2020	Responsible person
19	ICT	ICT strategic plan was not comprehensive	Corrected in the updated 2020/2021 Strategic Plan. To be approved at IT MANCO on the 06.11.2020 for signature by the EM:BSIG/Commissioner for endorsement at EXCO	30.11.2020	In Progress	Was submitted to EXCO Recommended by EXCO Commissioner to approve	Samson Sekgobela

20	ICT	Inadequate IT security design and implementation	<ol style="list-style-type: none"> 1. consolidate all security related policies to be integrated onto the IS Policy which will include policy statements on the network security policy and minimum security policy to reflect the current security design and practice. 2. Patches and updates are currently deployed on servers and workstations on a monthly basis. 3. Sensitive data transmitted on applications is encrypted and evidence supplied to AGSA. 4. The password policy settings are covered in the Acceptable Usage Policy. 	31-Mar-21	In progress	<p>The revised Information Security Policy is ready to be tabled at IT Manco, once recommended, it will be tabled at the next CIPC Manco.</p> <p>The Information Security policy was tabled and recommended for approval by Manco on 19/01/2021</p>	Samson Sekgobela
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No .	Area/division	Finding	Action Plan	Action implementation date	Current Status (Complete, In progress, not started)	Progress as on 19 November 2020	Responsible person
21	ICT	Inadequate firewall management	The Firewall Standard was approved on 27 August 2020. The review cycle will be included	31-Dec-20	Complete The Standard was developed and approved	Completed. The Firewall Standard is implemented.	Samson Sekgobela

No .	Area/division	Finding	Action Plan	Action implementation date	Current Status (Complete, In progress, not started)	Progress as on 19 November 2020	Responsible person
22	ICT	User Access Control Policy not approved	The User Access and Control Standard is approved (8 October 2020).	Done	Complete The Standard was developed and approved	Completed The approved Access Control Standard has been communicated to Application owners for implementation	Samson Sekgobela

No .	Area/division	Finding	Action Plan	Action implementation date	Current Status (Complete, In progress, not started)	Progress as on 19 November 2020	Responsible person
23	Finance and Procurement	Inadequate implementation of user access management controls around ACCPAC	<p>SIEM Tender has been re-advertised on 24th September and it closing on 23rd October</p> <p>The recently approved Access Control Standard to be communicated to Application owners and implemented.</p>	30-Jun-21	In progress	<p>SIEM Tender awaiting Evaluation</p> <p>Evaluation of the tender is scheduled for third week of January 2021</p> <p>The Access Control Standard has been communicated to Application owners for implementation</p>	Muhammed Jasat

No.	Area/division	Finding	Action Plan	Action implementation date	Current Status (Complete, In progress, not started)	Progress as on 19 November 2020	Responsible person
24	Corporate Registers	Inadequate implementation of User Access Management Controls around ERMS	<p>As services reliant on ERMS migrates to K2, the need for user access on ERMS will decrease until such is fully phased out.</p> <p>In the interim, staff who currently needs access to ERMS will be confirmed with relevant line managers and new access forms completed. Those staff members who does not complete the forms and/or not approved by respective line manager, access rights to ERMS will be removed.</p>	31-Mar-21)	In progress	The data team busy with drawing up a report on the current status quo of each user access details. This list must be submitted to business for their consideration on who must continue to have access and whose access must be removed on ERMS. The K2 development status is still 'In-progress'.	Samson Sekgobela

No .	Area/division	Finding	Action Plan	Action implementation date	Current Status (Complete, In progress, not started)	Progress as on 19 November 2020	Responsible person
25	Finance and Procurement	Inadequate implementation of user access management controls around VIP system	The recently approved Access Control Standard to be communicated to Application owners and implemented. 23rd October	31-Mar-21	In progress	Completed The approved Access Control Standard has been communicated to Application owners for implementation	Samson Sekgobela

26	Corporate Registers	Inadequate implementation of user access management controls around Ptolemy and Ascepto system	<p>SIEM Tender has been re-advertised on 24th September and it closing on 23rd October</p> <p>The recently approved Access Control Standard to be communicated to Application owners and implemented. 23rd October</p>	31-Mar-21	In progress	<p>SIEM Tender awaiting Evaluation</p> <p>Evaluation of the tender is scheduled for third week of January 2021</p> <p>The Aceso Control Standard has been communicated to Application owners for implementation</p>	Samson Sekgobela
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No .	Area/division	Finding	Action Plan	Action implementation date	Current Status (Complete, In progress, not started)	Progress as on 19 November 2020	Responsible person
27	Corporate Registers	Inadequate User account management on XBRL system	The recently approved Access Control Standard to be communicated to Application owners and implemented.	31 March 2021 Done	In progress	Completed The approved Access Control Standard has been communicated to Application owners for implementation	Samson Sekgobela

29	ICT	Inadequate implementation of Program Change Management controls	<p>The following are developed but pending implementation: The new E-Services Platform implements Dev, QA and Production environments.</p> <p>The new platform also implements Agile, which enables all stakeholder affected by a change to participate on change design, and change implementation approval.</p>	31-Mar-21	Pilot In-progress	SDLC environments are implemented on the new E-services platform, however, this platform has not taken over as the new CIPC electronic platform. A tentative release date of it is set to February 2021.	Samson Sekgobela
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No .	Area/division	Finding	Action Plan	Action implementation date	Current Status (Complete, In progress, not started)	Progress as on 19 November 2020	Responsible person
30	Corporate Registers	Segregation of duties conflict within XBRL system	Hierarchical structure as per the Business Requirements Document Specification to be implemented. Senior Manager and XBRL Specialist to use Admin Rights and Superuser Access respectively	30-Nov-20	Completed	Audit Trail System gets monitored and recorded in the Monthly Report as proof to ensure compliance. No one staff from AFS Stream is allowed to allocate to themselves.	Joey Mathekga
31	Finance and Procurement	Inadequate calculation of the leave payable	See finding on leave above	See finding on leave above	See finding on leave above		Muhammed Jasat

32	ICT	Missing security updates and unsupported software on various systems	Ø Decommission old legacy systems and ensure that all new systems are deployed on the latest O/S platforms. Use the latest development tools and retire all old software development technologies.	Dec-21	In progress	Ongoing migration of applications from the legacy (Informix/Computron/ERMS/Verity) to the new systems (Oracle/K2/Apps)	Samson Sekgobela
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33		Insecure configurations on internal networked systems	Ø Decommission old legacy systems and ensure that all new systems are deployed on the latest O/S platforms. Use the latest development tools and retire all old software development technologies	Dec-21	In progress	Ongoing migration of applications from the legacy (Informix/Computron/ERMS/Verity) to the new systems (Oracle/K2/Apps)	Samson Sekgobela
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No .	Area/division	Finding	Action Plan	Action implementation date	Current Status (Complete, In progress, not started)	Progress as on 19 November 2020	Responsible person
34	ICT	Inadequate patch management and configuration	Ø Decommission old legacy systems and ensure that all new systems are deployed on the latest O/S platforms. Use the latest development tools and retire all old software development technologies	Dec-21	In progress	Ongoing migration of applications from the legacy (Informix/Computron/ERMS/Verity) to the new systems (Oracle/K2/Apps)	Samson Sekgobela

7.3 Progress made regarding Combined Assurance Plan

The combined assurance plan has to be updated taking into consideration the new strategic risks. The updating of the strategic risk register has made the current combined assurance plan redundant.

8. Financial Report

Annexure E – attached.

9. PFMA and TR compliance checklist

Annexure F

See Risk Report

10. List of the CIPC Core Processes (Automated Processes)

Annexure G

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
1	CO & CC	COR30.3; CoR30.1; CK2B	CO&CC AR Filing of Annual Returns		1	Fully automated process. Customers may submit manually.
2	CO & CC	COR123.1	CO&CC BR Entering into Business Rescue Proceedings	1		
3	CO & CC	CoR125.3	CO&CC BR Notice of Substantial implementation	1		
4	CO & CC	CoR125.2	CO&CC BR Notice of Termination	1		
5	CO & CC	CoR125.1	CO&CC BR Review of BR Progress Reports (CO&CC)	1		

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
6	CO & CC	No form	CO&CC AR Deregistration		1	Automated as part of the AR Filing process Referral into deregistration is automated while the extraction of the lists and referral for posting is still manual.
7	CO & CC	COR40.1/ CM26LIQ	CO&CC Liquidation	1		This is an end to end process that starts with a liquidation form or court order being filed with CIPC to notification of dissolution by the Master. It also includes the set aside of the liquidation process by court order and publication of the information.
8	CO & CC	COR40.5	CO&CC Re-instatements	1		
9	CO & CC	Letter	CO&CC Voluntary Deregistration	1		

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
10	CO & CC	COR15.2, COR15.2 Annexure A	CO Amendment of MOI - Addition of ring fencing to the MOI (incl JSE)	1		
11	CO & CC	COR15.2, COR9.4	CO Amendment of MOI - Change of Company Name (incl JSE)		1	Fully automated process. Customers may submit manually.
12	CO & CC	COR15.2	CO Amendment of MOI - Change of CO main business (incl JSE)	1		
13	CO & CC	COR15.2	CO Amendment of MOI - Change of Company Shares (incl JSE)		1	Incorporates CO Conversion of Par Value Shares #17
14	CO & CC	COR15.2	CO Amendment of MOI - Conversion of a Company to another type of Company (incl JSE)	1		
15	CO & CC	COR15.2	CO Amendment of MOI - Conversion of par value shares (incl JSE)		1	Incorporated with CO Change of Company Shares #14
16	CO & CC	COR18.1	CO CC Conversion to a CO	1		

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
17	CO & CC	COR25	CO Change of Financial Year End		1	Fully automated process. Customers may submit manually.
18	CO & CC	CR 6	CO Co-op conversion to a CO	1		Starts with Co-operatives Special Resolution
19	CO & CC	COR89	CO Notice of amalgamation or merger of Companies	1		
20	CO & CC	COR21.1	CO Notice of Change of Registered Office/Address		1	Fully automated. Customers may submit manually.
21	CO & CC	COR22	CO Notice of location of CO records	1		
22	CO & CC	COR14.1, COR15.1D	CO Registration Non-Profit CO with or without members with a long standard or customised MOI	1		
23	CO & CC	COR14.1, COR15.1C	CO Registration Non-Profit CO with or without members with a short standard or customised MOI		1	Fully automated. No choice of manual process

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
24	CO & CC	COR14.1, COR15.1B	CO Registration of a Personal Liability with a Long standard or Customised MOI	1		
25	CO & CC	COR15.1B; COR14.1	CO Registration of a Private CO with a Long or customised MOI	1		
26	CO & CC	COR20.1, COR21.1	CO Registration of external CO	1		
27	CO & CC	COR15.1B; COR14.1	CO Registration of State-Owned CO with long-or customised MOI	1		
28	CO & CC	COR15.1B; COR14.1	CO Registration-Private Company with a Customised MOI		1	
29	CO & CC		CO Registration with BEE Certificate (SST)		1	
30	CO & CC	COR15.1A; COR14.1	CO Standard Registration (including Banks, SST, Third party)		1	
31	CO & CC	COR17.1	CO Domestication of Foreign CO	1		

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
32	CO & CC	COR9.1	NR Reservation of a Company, Close Corporation or Co-operative name or business name	-	1	
33	CO & CC	COR9.2	NR Extend a Name reservation		1	Automated (hybrid)
34	CO & CC		NR Name search		1	This is more of a disclosure function than a processing function. I will recommend to put it under general.
35	CO & CC	COR10.1	NR Register a Defensive Name		1	
36	CO & CC	COR10.2	NR Renew defensive name reservation		1	
37	CO & CC	COR11.1	NR Transfer of reserved or registered name		1	Customers may submit manually
38	CO & CC	No form	CO&CC BR discontinuation of business rescue proceedings (via set aside court order, nullity etc)	1		New
39	CO & CC	CoR40.2	CO Transfer to foreign jurisdiction	1		New

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
40	CO & CC	COR15.2	CO Amendment of MOI - Adoption of new MOI (incl JSE)	1		Not previously on list
41	CO & CC	COR15.3	CO Amendments of MOI - Other changes (example is deletion or adding of a clause)(incl JSE)	1		Not previously on list
42	CO & CC	COR16.1	CO Notice of Company Rules	1		Not previously on list
43	CO & CC	COR16.2	CO Results of Vote on Company Rules	1		Not previously on list and have no workflow for this form. Use CoR16.1 but such is a risk due to the fact that CoR16.2 is a fee carrying form while CoR16.1 does not have a fee.
44	CO & CC	COR15.3	CO Alteration of MOI	1		Not previously on list This form is meant for the correction of errors within a MOI.

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
45	CO & CC	COR15.4	CO Translation of MOI	1		Not previous on list before. Can be tracked but not tested yet. Haven't received one in two years. Low priority
46	CO & CC	COR15.5	CO Consolidation of MOI	1		Not previously on list
48	CO & CC	CoR12.1	Allegation of Name Reservation System Abuse	1		No process yet since it is a more investigative option - not sure where this needs to reside e.g. names or investigations.
49	CO & CC DMP	CK2	CC Principle Business Change	1		Not on the list before. Process owner is actually Companies not DMP.
50	CO & CC DMP	CK2	CC Name Change (including shortened name registration and registration of a translation)	1		Not on the list before. Process owner is actually Companies not DMP.

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
51	CO & CC DMP	COR 126.1	CO BR Application to be licenced as a Business Rescue Practitioner	1		
52	CO & CC DMP	COR123.2	CO BR Appointment of Business Rescue Practitioner	1		
53	CO & CC DMP	CoR21.2	CO Change of Company Representatives	1		
54	CO & CC DMP	COR39	CO Appointment, resignation or removal of Directors		1	Fully automated process. Customers may submit manually.
187	CO&CC:DMP		Update Directors Details		1	Splinter of DMP COR39 process which is automated
55	CO & CC DMP	CK2	CC Appointment, resignation or removal of Members		1	Automated process with manual intervention (hybrid). Customers may submit manually.
56	CO & CC DMP	COR44	CO Auditor appointment, resignation or removal		1	Fully automated process. Customers may submit manually.

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
57	CO & CC DMP	COR44	CO Appointment, resignation or removal of Audit Committee members and CO Secretary	1		
58	CO & CC DMP	CK2A	CC Appointment, resignation or removal of an Accounting Officer CORRAO	1		
59	CO & CC DMP	CK2A	CC Change of address		1	Process owner is actually Companies not DMP. Fully automated process. Customers may submit manually.
60	CO & CC DMP	COR44	CO Auditor and CO Secretary change of address	1		Automated (hybrid) process. Customers may submit manually.
61	CO & CC DMP	CK2A	CC Change of Financial Year End		1	Process owner is actually Companies not DMP. Fully automated process. Customers may submit manually.

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
62	CO & CC DMP		CO Disqualified Directors Register		1	
63	CORPORATE LEGAL AND POLICY SUPPORT		CLPS Provide policy and legal insight & advice & co-ordinate the prosecution of contraventions with NPA	1		
64	CORPORATE LEGAL AND POLICY SUPPORT	COR168	CLPS	1		
65	CORP EDUCATION & VOLUNTARY COMPLIANCE		CEVC Advisory opinion	1		
66	CORP EDUCATION & VOLUNTARY COMPLIANCE		CEVC Education Event	1		

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
67	CORP DISCLOSURE & COMPLIANCE		CDC XBRL Filing of Annual Financial Statements		1	
68	CORP DISCLOSURE & COMPLIANCE		CDC Independent Review	1		
69	CORP DISCLOSURE & COMPLIANCE		CDC Annual R29.12 Report	1		Annual reports from Independent Review Professional Bodies
70	CORP DISCLOSURE & COMPLIANCE		CDC Reportable Irregularities	1		
71	CORP DISCLOSURE & COMPLIANCE		CDC Prospectus Registration	1		
72	CORP GOV SURVEILLANCE & ENFORCEMENT	COR131.1	CO & CC Complaints resolution		1	2 Internal processes follow: Investigation; and Determination of complaint

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
73	CO-OPS	CR1; CR8; or CR4	Co-ops Amalgamation of Co-operatives (Amalgamation Agreement)	1		
74	CO-OPS	CR5	Co-ops Amendment (of Statute)	1		
75	CO-OPS	CR8	Co-ops Application for Exemption of Auditing Requirements	1		
76	CO-OPS	CR4	Co-ops Appointment of an Auditor	1		
77	CO-OPS	CR6	Co-ops Change Co-operative constitution	1		
78	CO-OPS	CR2; CR3; CR7	Co-ops Change an old registration number to a new registration number	1		
79	CO-OPS	CR3	Co-ops Change of address and contact particulars	1		

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
80	CO-OPS	CR6	Co-ops Change of financial year end	1		
81	CO-OPS	CR6	Co-ops Change of name	1		
82	CO-OPS	CR6	Co-ops Change of registered address	1		
83	CO-OPS	CR6	Co-ops Changes to co-operative share capital	1		
84	CO-OPS	CR6	Co-ops Changes to the Board of Directors	1		
85	CO-OPS	CR7	Co-ops Compliance	1		Annual Financial Statement
86	CO-OPS	CR6	Co-ops Conversion of a Co-ops to another kind of Co-op	1		
87	CO-OPS	CR1	Co-ops Co-op Conversion of a Company to a Co-operative	1		
88	CO-OPS	CR9	Co-ops Deregistration (Voluntary)	1		

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
89	CO-OPS		Co-ops Deregistration (Non Compliance and by Court Order)	1		Annual Financial Statements
90	CO-OPS	CR1	Co-ops Division of Co-operatives (Amalgamation Agreement)	1		
91	CO-OPS	CR9	Co-ops Liquidation of a Co-op (voluntary & by court order)	1		
92	CO-OPS	CR2	Co-ops Lodge a return relating to Directors	1		
93	CO-OPS	CR1; CR8; CR4	Co-ops Registration of a Co-operative (Primary, secondary, tertiary)	1		
94	CO-OPS	CR5	Co-ops Registration of a Co-operative name		1	
95	TRADE MARKS	TM2	TM Amendment of goods/services	1		
96	TRADE MARKS	TM2	TM Amendment of the Mark	1		

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
97	TRADE MARKS	TM1	TM Application to register a Trade Mark		1	Fully automated. Customers may choose to file manually
98	TRADE MARKS	TM6	TM Assignment of a Trade Mark	1		
99	TRADE MARKS	TM2	TM Association between Trade Marks	1		
100	TRADE MARKS	TM1	TM Bulk application to register Trade Mark (CUBA)		1	Fully automated. Customers may choose to file individually/manually
101	TRADE MARKS	TM2	TM Certified extract from the Register of Trade Marks	1		
102	TRADE MARKS	TM2	TM Change of address for service	1		
103	TRADE MARKS	TM2	TM Change of name of applicant	1		
104	TRADE MARKS	TM2	TM Change of physical address of applicant	1		
105	TRADE MARKS		TM Conduct a preliminary search		1	Fully automated
106	TRADE MARKS	TM2	TM Correction of clerical error	1		

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
107	TRADE MARKS	TM2	TM Dissolution of association	1		
108	TRADE MARKS		TM Maintenance Before - same as after	1		
109	TRADE MARKS		TM Opposition	1		Manual lodgement only (email and physical paper-based)
110	TRADE MARKS	TM7	TM Recordal of a registered user	1		
111	TRADE MARKS	TM5	TM Renewal of a Trade Mark		1	
112	TRADE MARKS	TM2	TM Request a special search	1		
113	TRADE MARKS	TM2	TM Request by applicant to enter an endorsement	1		
114	TRADE MARKS	TM2	TM Restoration of a Trade Mark	1		Manual lodgement only (email and physical paper-based)
115	TRADE MARKS		TM Certificates	1		
116	TRADE MARKS		TM Acceptance	1		Issuing of Notice of Acceptance automated
117	PATENTS		PT Advertising Design Applications on Patent Journal		1	

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
118	PATENTS	P12; P13	PT Amendment of complete specification	1		
119	PATENTS	P11	PT Amendment of provisional specification	1		
120	PATENTS	P4	PT Application by patent attorney who has been suspended or removed from register	1		
121	PATENTS	P1; P7; P8	PT Application for a patent with a complete specification		1	
122	PATENTS	P1; P6	PT Application for a patent with a provisional specification		1	Hybrid with back office intervention. Customers may file manually
123	PATENTS	P10	PT Application for extension of time to pay renewal fees	1		
124	PATENTS	P25	PT Application for PCT		1	Automated. Through WIPO (Attorneys). Can be filed manually
125	PATENTS		PT Application for perusal of file	1		

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
126	PATENTS	P20	PT Application for revocation	1		
127	PATENTS	P4	PT Application for revocation of independent patent and grant of patent of addition as independent patent	1		
128	PATENTS	P21	PT Application for voluntary surrender	1		
129	PATENTS	P4	PT Application of extension of time for acceptance of complete specification	1		
130	PATENTS	P4	PT Application to amend or lodge a fresh application	1		
131	PATENTS	P4	PT Application to extend period for publication of acceptance	1		
132	PATENTS	P4	PT Application to extend privileges of patent attorney	1		
133	PATENTS	P4	PT Application to rectify register	1		

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
134	PATENTS		PT Bulk application to register a Patent (CUBA)		1	Fully automated. Customers may choose to file manually
135	PATENTS	P4	PT Cancellation of notice of hypothecation	1		
136	PATENTS	P4	PT Change of address for service	1		
137	PATENTS	P4	PT Change of complete specification into provisional specification	1		
138	PATENTS	P4	PT Claim priority	1		
139	PATENTS	P4	PT Correction of clerical error	1		
140	PATENTS	P4	PT Endorsement or cancellation of endorsement	1		
141	PATENTS		PT Examination and acceptance	1		
142	PATENTS	P1	PT Late claiming priority	1		
143	PATENTS	P5; P8	PT Late lodgement of documents	1		
144	PATENTS	P19	PT Lodging opposition	1		

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
145	PATENTS	P22	PT Notice of future proceedings	1		
146	PATENTS	P10	PT Patent renewal	1		
147	PATENTS		PT Patent Restoration			
148	PATENTS	P4	PT Post-dating application	1		
149	PATENTS		PT Public Patent Search		1	
150	PATENTS	P17	PT Register as a patent customer or attorney	1		
151	PATENTS		PT Registration certificate	1		
152	PATENTS	P18	PT Removal from register as patent customer or attorney	1		
153	PATENTS	P14; P16	PT Supplementary disclosure in patent specification	1		
154	PATENTS		PT Patent Journal Downloads		1	
155	DESIGNS	D5	DS Addressing deficiencies in the application	1		

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
156	DESIGNS		DS Advertising Design Applications on Patent Journal		1	
157	DESIGNS		DS Application for copies of documents	1		
158	DESIGNS		DS Application for perusal of file	1		
159	DESIGNS	D5	DS Assignment of Design	1		
160	DESIGNS		DS Bulk application to register Designs (CUBA)		1	Fully automated. Customers may choose to file individually/manually
161	DESIGNS	D5	DS Change of name of applicant	1		
162	DESIGNS		DS Change of residential address or address for service	1		
163	DESIGNS		DS Correction of errors in wording	1		
164	DESIGNS		DS Correction of errors of representation	1		
165	DESIGNS		DS Examination and Acceptance	1		

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
166	DESIGNS	D1; D3; D6; D8	DS New design application		1	Automated. Customer can choose to file manually
167	DESIGNS		DS Registration certificate	1		
168	DESIGNS		DS Registration of a Design		1	
169	DESIGNS	D10	DS Renew a design	1		
170	DESIGNS		DS Restoration of a design	1		
171	COPYRIGHT & IP ENFORCEMENT		CIPE Assessment of complaint	1		
172	COPYRIGHT & IP ENFORCEMENT		CIPE Stakeholder training and capacity building	1		
173	COPYRIGHT		CR Accreditation of Collecting Society	1		
174	COPYRIGHT		CR Amendments of Films and Visual Recordings		1	Automated (hybrid). Customer can choose to file manually
175	COPYRIGHT		CR Bulk application to register		1	Fully automated. Customers may choose to file individually/manually

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
			Copyrights (CUBA)			
176	COPYRIGHT		CR Copyright process		1	Automated (hybrid). Customer can choose to file manually
177	COPYRIGHT		CR Counter statement	1		
178	COPYRIGHT		CR Notice of opposition	1		
179	COPYRIGHT		CR Oppositions to Registration of Films and Visual CR Recordings	1		
180	COPYRIGHT	RF1; RF2; RF3; RF9	CR Registration of Films and Visual Recordings		1	Automated (hybrid) Customer can choose to file manually
181	OMBUD		OMBUD Investigate & resolve service delivery & administration complaints	1		
182	CLIENT SERVICES		CE Customer registration		1	Generic: all domains

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
183	CLIENT SERVICES		CE Password reset		1	Generic: all domains
184	CLIENT SERVICES		CE Customer transactions		1	Generic: all domains
185	CLIENT SERVICES		CE Document status		1	Generic: all domains
186	CLIENT SERVICES		Certificates and Disclosures		1	Generic: all domains
188	CLIENT SERVICES		Top up	1		Top up of balance in customer account. Interim solution until payment model is deployed to all processes
189	GENERIC ALL		Tracking/Indexing of Application	1	1	Related to online, and manual lodgements
190	GENERIC ALL		Disclosure Application for perusal of file	1		Request via email or telephonically
191	GENERIC ALL		Disclosure Application for copies of documents		1	Request via email or telephonically
192	GENERIC ALL		QRS: Enterprise enquiry		1	

#	UNIT	FORM CODE	PROCESS NAME	MANUAL ONLY	HYBRID & AUTO	COMMENTS
193	GENERIC ALL		Supplier Invoice Tracking		1	
194	GENERIC ALL		Ceding of Individual Rights		1	
195	GENERIC ALL		Transacting on behalf of clients		1	
196	GENERIC ALL		Booking System		1	
				137	55	192
				71%	29%	