

Registration Number of Company:
2018 / 243186 / 07

NAME OF COMPANY: EDGE ENABLED (PTY) LTD

MANUAL

in terms of

Section 51 of

The Promotion of Access to Information Act

2/2000

(the "ACT")

Compiled: 1 February 2020
Updated: 30 June 2020

EDGE ENABLED PTY LTD

tel: +27 11 447 6518
address: Fairway Office Park
Ground Floor
GlenEagles Building
52 Grosvenor Road
Bryanston.
2191

website: www.edgenabled.co.za

Director: Janice C. Wagner CA(SA) HDip Tax, Tara Chhiba Ravjee

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- 2. Contact Details (Section 51 (1) (a))**
- 3. The ACT and Section 10 Guide (Section 51(1) (b)) please note that this clause is mandatory to be included in all S 51 manuals as is.**
- 4. Applicable Legislation (Section 51 (1) (c))**
- 5. Schedule of Records (Section 51 (1) (d))**
- 6. Form of Request (Section 51 (1) (e))**
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1. INTRODUCTION

Edge Enabled is a recruitment firm that focuses on upskilling and placing exceptional candidates in the right positions. Edge Enabled also actively focuses on the sourcing and placing of skilled people with disabilities into the formal job market

2. COMPANY CONTACT DETAILS

Directors: Tara Chhiba Ravjee
Janice Wagner

Office Manager: Mr Stefan Enslin

Postal Address: 463 Rugby Avenue, Randburg 2194

Street Address: Glen Eagles Building, 52 Grosvenor Road, Bryanston, Gauteng 2191

Telephone Number: 011 447 6518

Fax Number: 0862 717 7504

Email: tara@edgenabled.co.za

3. THE ACT

- 3.1** The ACT grants a requester access to records of a private body, if the record is required for the exercise or protection of any rights. If a public body lodges a request, the public body must be acting in the public interest.
- 3.2** Requests in terms of the ACT shall be made in accordance with the prescribed procedures, at the rates provided. The forms and tariff are dealt with in paragraphs 6 and 7 of the Act.
- 3.3** Requesters are referred to the Guide in terms of Section 10 which has been compiled by the South African Human Rights Commission, which will contain information for the purposes of exercising Constitutional Rights. The Guide is available from the SAHRC. The contact details of the Commission are:

Postal Address: Private Bag 2700, Houghton, 2041

Telephone Number: +27-11-877 3600

Fax Number: +27-11-403 0625

Website: www.sahrc.org.za

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4. APPLICABLE LEGISLATION

<u>No</u>	<u>Ref</u>	<u>Act</u>
1	No 61 of 1973	Companies Act
2	No 98 of 1978	Copyright Act
3	No 55 of 1998	Employment Equity Act
4	No 95 of 1967	Income Tax Act
5	No 66 of 1995	Labour Relations Act
6	No 89 of 1991	Value Added Tax Act
7	No 37 of 2002	Financial Advisory and Intermediary Services Act
8	No 75 of 1997	Basic Conditions of Employment Act
9	No 25 of 2002	Electronic Communications and Transactions Act
10	No 2 of 2000	Promotion of Access of Information Act
11	No 30 of 1996	Unemployment Insurance Act

5. Schedule of Records

<u>Records</u>	<u>Subject</u>	<u>Availability</u>
Public Affairs	<ul style="list-style-type: none"> Public Services Information Public Corporate Records Media Releases 	<p>Freely available on web site</p> <p>www.edgenabled.co.za</p>
Financial	<ul style="list-style-type: none"> Financial Statements Financial and Tax Records (Company & Employees) Asset Register Management Accounts 	<p>Proprietary (Pty Ltd) - Request in terms of PAIA.</p> <p>Not available.</p>
Marketing	<ul style="list-style-type: none"> Market Study Information Customer Database Candidate Database 	<p>Request in terms of PAIA</p> <p>Request in terms of PAIA</p> <p>Request in terms of PAIA</p>

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6. FORM OF REQUEST

To facilitate the processing of your request, kindly:

- 6.1 Use the prescribed form, available on the website of the SOUTH AFRICAN HUMAN RIGHTS COMMISSION at www.sahrc.org.za.
- 6.2 Address your request to the Head of the Company (CEO).
- 6.3 Provide sufficient details to enable the COMPANY to identify:
 - (a) The record(s) requested;
 - (b) The requester (and if an agent is lodging the request, proof of capacity);
 - (c) The form of access required;
 - (d) (i) The postal address or fax number of the requester in the Republic;
(ii) If the requester wishes to be informed of the decision in any manner (in addition to written) the manner and particulars thereof;
 - (e) The right which the requester is seeking to exercise or protect with an explanation of the reason the record is required to exercise or protect the right.

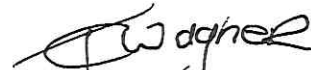
7. PRESCRIBED FEES

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

- 7.1 A requestor is required to pay the prescribed fees (R50.00) before a request will be processed;
- 7.2 If the preparation of the record requested requires more than the prescribed hours (six), a deposit shall be paid (of not more than one third of the access fee which would be payable if the request were granted);
- 7.3 A requestor may lodge an application with a court against the tender/payment of the request fee and/or deposit;
- 7.4 Records may be withheld until the fees have been paid.
- 7.5 The fee structure is available on the website of the SOUTH AFRICAN HUMAN RIGHTS COMMISSION at www.sahrc.org.za.



Signed: T Chhiba Ravjee



Signed: Janice Wagner

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SOUTH AFRICAN HUMAN RIGHTS COMMISSION

The new address is:
33 Hoofd Street
Braampark Forum 3
Braamfontein
2198

Postal address remains as:
Private Bag X 2700
Houghton
2041

New Telephone number
011 877-3600
Fax numbers: 011 403-0682.



**SOUTH AFRICAN HUMAN RIGHTS COMMISSION
COMPLAINT FORM**

For office use only

Province:		City/Town:		Reference No	
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- Please write clearly and use CAPITAL LETTERS. If there is not enough space on this form for your answer, please use a separate page and send it to us together with this form.
- If there is more than one person who would like to send a complaint to us, each person must complete a separate form

PART A: YOUR DETAILS

1. Name and surname

Your full name(s) and surname: _____
Your nickname(s), if any: _____

2. ID number

Your ID number: _____
If you do not have an ID number, your date of birth: _____
If you do not know your date of birth, your age: _____

3. Race (information required for statistical purposes only)

Please state your race: _____

4. Gender (information required for statistical purposes only)

Please state whether you are male or female: _____

5. Address and contact numbers

The address where you live: _____
Postal Code: _____
The address where we can send letters to: _____
Postal Code: _____

Telephone number at work _____
 Telephone number at home _____
 Cell phone number _____
 Any other telephone number where we can contact you _____
 Whose telephone number is it _____
 Fax number _____
 E-mail address _____

Important:

Part B must only be filled in if you are writing on behalf of somebody else, for an association or organisation – do not fill this in if your own rights have been violated.

PART B: DETAILS OF PERSON ON WHOSE BEHALF YOU COMPLETE FORM (PERSON OR ORGANISATION)

6. Name and surname of person on whose behalf you are completing this form

His or her full name(s) and surname: _____

His/her nickname(s), if any _____

7. ID number

His or her ID number _____

If he or she does not have an ID number, his or her date of birth _____

If he or she does not know his or her date of birth, his or her age _____

8. Race (information required for statistical purposes only)

Please state his or her race _____

9. Gender (information required for statistical purposes only)

Please state whether he or she is male or female _____

10. Address and contact numbers

The address where he or she lives _____

Postal Code _____

The address where we can send letters to _____

Postal Code _____

Telephone number at work _____

Telephone number at home _____

Cell phone number _____

Any other telephone number where we can contact him or her _____

Whose telephone number is it _____

Fax number _____

E-mail address _____

11. Details of association, organisation or organ of state on whose behalf you are completing this form

Full name of the association, organisation or organ of state _____

Registration number _____

What does it do (e g civil, business, retailer, factory, NGO, etc) _____
 Who should we talk to there _____
 What is contact person's position (e g colleague, chairperson, director, secretary) _____

 The address where we can send letters to _____
 Postal Code _____
 Telephone number _____
 Cell phone number _____
 Any other telephone number where we can contact him or her _____
 Whose telephone number is it _____
 Fax number _____
 E-mail address _____

PART C: THE COMPLAINT

12. Date

On what date did it happen _____

13. Is it still happening

Yes _____ No _____

14. Where did it happen

Place _____ Town _____ Province _____

15. If you know, which right(s) in the Bill of Rights was/ were violated or is/are being violated

16. If you know, the full name(s) and surname(s) of person(s), association, organisation or organ of state who violated these rights, please tell us

17. Where can we contact them

18. If you do not know his/her/its/their names, please tell us anything you do know about him/her/it/them

19. Did anybody see or hear what happened (only people who actually saw or heard what happened, not people who heard about it from someone else)

Full name(s) and surname(s) _____

How and where can we get in touch with them _____

20. In your own words, tell us exactly what happened (include all information but be as brief as possible)

If yes, who (e.g. Police, lawyer, Public Protector) _____

If yes, please tell us what

NOTE: Article 40 of the Human Rights Commission Complaints Handling Procedures provides that all proceedings, investigations and hearings will be conducted in English, unless you request that the proceedings be conducted in another official language.

Yes _____ No _____

NOTE: Article 8 of the Human Rights Commission Complaints Handling Procedures provides that you may request that your personal particulars be kept confidential and not be disclosed to any person outside the South African Human Rights Commission's office in order to protect your identity.

26. Please tell us how you heard about the South African Human Rights Commission (e g radio advert, newspaper, poster, from a friend, etc)

Signature/mark of complainant

Date

(on behalf of yourself, another person, association, organisation or organ of state)

If on behalf of another person (including a child or a person with a mental disability), association, organisation or organ of state:

Signature of representative, parent, appropriate adult or guardian

Remember:

- To attach a copy of your ID, birth certificate, passport or proof of the registration number of an association, organisation or organ of state, if available.
- To attach any copies of documents which can assist in this matter.

What to do once you have filled in the form. Once you have filled in this form, please post or fax it to us at:

Johannesburg - Private Bag X 2700, Houghton 2041

Tel: 011 – 877-3600/3601 Fax: 011 403 0682/0668

Free State - P O Box 4245, Bloemfontein 9300

Tel: 051 - 447 1130 Fax: 051 447 1128

Eastern Cape - P O Box 972, East London 5200

Tel: 043 – 722-7821/25/28 Fax: 043 -722-7830

KwaZulu Natal - P O Box 1456, Durban 4000

Tel/Fax: 031- 304 7323/4/5

Northern Province - P O Box 55796, Pietersburg 0700

Tel: 015 - 291 3500/3504 Fax: 015 - 291 3505

Western Cape - P O Box 3563, Cape Town 8001

Tel: 021 - 426 2277 Fax: 021 - 426 2875

North West P O Box 9586 Rustenburg 0300

Tel (014) 592 0694 Fax (014) 594 1089

Mpumalanga P O Box 6574 Nelspruit 1200

Tel (013) 752-8292 Fax (013) 752-6890

Northern Cape P O Box 1816, Upington 8800

Tel No (054) 332-3993/4 Fax No (054) 332-7750