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Registration Number of Company: 2015/320613/07

**EDGEXEC (PTY) LTD**  
[ A wholly owned subsidiary of  
EDGE EXECUTIVE SEARCH CC]

**MANUAL**  
**in terms of**  
**Section 51 of**  
**The Promotion of Access to Information Act**  
**2/2000**  
**(the "ACT")**

A handwritten signature in black ink, appearing to read "Janice C Wagner", with a long horizontal line extending to the right.

Director: Janice C Wagner  
DATE OF COMPILATION: 25 June 2020  
DATE OF REVISION: 1 February 2021



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A handwritten signature in black ink, appearing to read "Janice C Wagner", written over a horizontal line.

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## **1. INTRODUCTION**

### **EDGEXEC (PTY) LTD [ A wholly owned subsidiary of EDGE EXECUTIVE SEARCH CC]**

Edge provides professional and efficient permanent and short term staff recruitment solutions across Africa and beyond. Our services include:

Executive Search

Headhunting

Talent Mapping

Permanent Recruitment

and Flexible Staffing Solutions (temporary, contract or fixed term)

Edge started as a female owned business in 2011 and 9 years later has grown to a Group of companies.

The Management of Edge are qualified Chartered Accountants and have a combined knowledge of over 30 years of the Corporate environment.

Executive Search – this is our focus.

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## **2. COMPANY CONTACT DETAILS**

Directors: Miss. Janice Clare Wagner

Postal Address: 463 Rugby Avenue, Ferndale Randburg 2194

Street Address: 52 Grosvenor Road, Fairway Office Park, Gleneagles Bryanston 2021

Telephone Number: +27 11 4476518

Fax Number: 0862 717 7504

Email: [janice@edgexec.co.za](mailto:janice@edgexec.co.za)

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### **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](http://www.sahrc.org.za)

### **4. APPLICABLE LEGISLATION**

<b><u>No</u></b>	<b><u>Ref</u></b>	<b><u>Act</u></b>
1	No 61 of 1973	Companies Act
2	No 55 of 1998	Employment Equity Act
3	No 95 of 1967	Income Tax Act
4	No 66 of 1995	Labour Relations Act
5	No 89 of 1991	Value Added Tax Act
6	No 75 of 1997	Basic Conditions of Employment Act
7	No 69 of 1984	Close Corporations Act (Edge Executive Search CC only)
8	No 25 of 2002	Electronic Communications and Transactions Act
9	No 2 of 2000	Promotion of Access of Information Act
10	No 30 of 1996	Unemployment Insurance Act

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## 5. Schedule of Records

<u>Records</u>	<u>Subject</u>	<u>Availability</u>
Public Affairs	<ul style="list-style-type: none"><li>• Public Product Information</li><li>• Public Corporate Records</li><li>• Media Releases</li></ul>	Freely available on our web site <a href="http://www.edgexec.co.za">www.edgexec.co.za</a>
Financial	<ul style="list-style-type: none"><li>• Financial Statements</li><li>• Financial and Tax Records (Company &amp; Employees)</li></ul>	Request in terms of PAIA. Request in terms of PAIA.
Marketing	<ul style="list-style-type: none"><li>• Market Information</li><li>• Public Customer Information:<ul style="list-style-type: none"><li>◦ Product Brochures</li></ul></li><li>• Customer Database</li><li>• Candidate Database</li></ul>	Request in terms of PAIA Limited Information available on web site. (see above) Request in terms of PAIA Request in terms of PAIA

## 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](http://www.sahrc.org.za)

**6.2** Address your request to the Head of the Company (Director).

**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.

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## **7. PRESCRIBED FEES**

[Click here for the 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](http://www.sahrc.org.za).

**Janice C Wagner**  
**DIRECTOR**

**1 February 2021**



## 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 \_\_\_\_\_

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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**

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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 \_\_\_\_\_

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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

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