

MFMA IMPLEMENTATION AND MONITORING LONG TERM CONTRACTS QUARTERLY RETURN

Each quarter every municipality must submit this return to National Treasury disclosing for that quarter:

1. any new LTC established, and
2. any LTC terminated or that came to an end, or
3. Existing LTC(s) but no activity for this quarter, or
4. that there are no LTC(s)
5. Specifically for the quarter ending 30 September 2006 details of all LTCs existing as at 30 September 2006 must be submitted once off, thereafter for each quarter select the applicable return(s) from 1-4 above.

To save the file press the following keys at the same time with Caps Lock off: **Ctrl-Shift-S**. The file will be saved as e.g.

EC000_LTC_2007_Q1_1.xls

The electronic return must be emailed to lgdatabase@treasury.gov.za.

Please refer to the Guidelines for completing this return available on the website www.treasury.gov.za/mfma (NT returns)

RETURN TYPE:	2.LTC terminated/ came to an end during this quarter	
Financial Year and Quarter	2013/14	Q1 July-Sept
Municipality	GT423 Lesedi	
Long Term Contract Number	1	
<i>Number between 1 and 100, start at number 1</i>		
CONTRACT DETAILS		
Head Contractor Name	IMMEDIATE ELECTRICAL (PTY) LTD	
Main / Sub Function		
Purpose, Extent and Other Particulars		
Date Established (ccyy/mm/dd)	2013/02/06	
Date Terminated/ came to an end (ccyy/mm/dd)	2013/08/19	
Feasibility Study Done (Yes/No)		
LTC compliant with MFMA (Yes/No)	Yes	
Total Value (Whole Rand)	7 558 291	
Duration (Number of Whole Years)		
Participating Parties (Specify Subcontractors)		
HEAD CONTRACTOR CONTACT DETAILS		
Postal address:		
Post Box/Private Bag	P O BOX 263758	
Box/Bag No		
City / Town	THREE RIVERS	
Postal Code	1935	
Street address		
Building		
Street No. & Name	4 VART STREET	
City / Town	DUNCANVILLE EXT 3	
Postal Code	1935	
General Contacts	<i>Phone, fax and cell no's. nnn nnn nnnn (example 011 315 2341)</i>	
Telephone number	016 423 3077	
Fax number	016 423 5151	
E-mail address		
Position 1		
Name		
Telephone number		
Cell number		
Fax number		
E-mail address		
Position 2		
Name		
Telephone number		
Cell number		
Fax number		
E-mail address		
Position 3		
Name		
Telephone number		
Cell number		
Fax number		
E-mail address		
Contact Person:	LT NTSHINGILA	Please provide details of the contact person who completed this return. should further information be required.
Email:	Intshingila@lesedilm.co.za	
Phone:	016 340 4404	
Date: (ccyy/mm/dd)	2013/10/10	

Handwritten signature and date: 10/10/13