

## 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](mailto:lgdatabase@treasury.gov.za).

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

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

*Handwritten signature and date: 10/10/13*