

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: | 1.LTC established during this quarter | |
| Financial Year and Quarter | 2013/14 | Q1 July-Sept |
| Municipality | GT423 Lesedi | |
| Long Term Contract Number | 3 | |
| <i>Number between 1 and 100. start at number 1</i> | | |
| CONTRACT DETAILS | | |
| Head Contractor Name | ABSA. | |
| Main / Sub Function | | |
| Purpose, Extent and Other Particulars | | |
| Date Established (ccyy/mm/dd) | 2013/07/01 | |
| Date Terminated/ came to an end (ccyy/mm/dd) | 2018/06/30 | |
| Feasibility Study Done (Yes/No) | Yes | |
| LTC compliant with MFMA (Yes/No) | Yes | |
| Total Value (Whole Rand) | 2 236 800 | |
| Duration (Number of Whole Years) | 5 | |
| Participating Parties (Specify Subcontractors) | | |
| HEAD CONTRACTOR CONTACT DETAILS | | |
| Postal address: | | |
| Post Box/Private Bag | P.O Box 206 | |
| Box/Bag No | | |
| City / Town | Bruma | |
| Postal Code | 2026 | |
| Street address | | |
| Building | 1st Floor Block D | |
| Street No. & Name | Eastgate Office Park | |
| City / Town | Bruma | |
| Postal Code | 2198 | |
| General Contacts | <i>Phone, fax and cell no's. nnn nnn nnnn (example 011 315 2341)</i> | |
| Telephone number | 011 621 6000 | |
| Fax number | 011 616 9808 | |
| E-mail address | sindiswa.sizane@absa.co.za | |
| Position 1 | | |
| Name | Sindiswa Sizane - Member | |
| Telephone number | 011 621 6000 | |
| Cell number | 073 883 6911 | |
| Fax number | 011 616 9808 | |
| E-mail address | sindiswa.sizane@absa.co.za | |
| 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: | MG Lawrenson | Please provide details of the contact person who completed this return, should further information be required. |
| Email: | lawrensonm@lesedilm.co.za | |
| Phone: | 016 340 4398 | |
| Date: (ccyy/mm/dd) | 2013/10/10 | |

Handwritten signature and date: 11/10/2013