

MFMA IMPLEMENTATION AND MONITORING MUNICIPAL ENTITY QUARTERLY RETURN

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

1. any new entity established, and
2. any entity disestablished, and
3. changes to details of an existing entity, or
4. that there has been no changes to existing entity(s) since the previous quarter (established/disestablished/changes), or
5. there are no entities.
6. Specifically for the quarter ending 30 September 2006 details of **ALL** entities existing as at 30 September 2006, must be submitted once off, thereafter for each quarter select the applicable return(s) from 1-5 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_ME_2007_Q1_2.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:	5.No entity	
Financial Year and Quarter	2015/16	Q2 Oct-Dec
Municipality	GT423 Lesedi	
Entity Number		
<small>Number between 1 and 100, start at number 1 (never allocate the same number to another entity)</small>		
ENTITY DETAILS		
Entity Name		
Type of Entity		
Main / Sub Function		
Purpose, Extent and Other Particulars		
Date Established (ccyy/mm/dd)	Date Disestablished (ccyy/mm/dd)	
Sole Control (Yes/No)	% Control (Whole Number)	
MFMA / PFMA Applicable	Does the entity comply with the provisions of the MFMA and Systems Act (as amended). (Refer MFMA Chapter 10 and Systems Act (Chapter 8A)). (Yes/No)	
MFMA (s 84) and Systems Act (s 78) Feasibility Done (Yes/No)	Month of Financial Year End	
Funding Source		
Annual Budget (Whole Rand)	Jobs Transferred from Muni (Number)	
New Permanent Jobs Created (Number)	New Temporary Jobs Created (Number)	
Participating Parties		
<small>If parties are muni's select Muncde's in the above cells, otherwise use cell on the right to enter parties</small>		
ENTITY CONTACT DETAILS		
Postal address:		
Post Box/Private Bag		
Box/Bag No		
City / Town		
Postal Code		
Street address		
Building		
Street No. & Name		
City / Town		
Postal Code		
General Contacts <small>Phone, fax and cell no's: nnn nnn nnnn (example 011 315 2341)</small>		
Telephone number		
Fax number		
E-mail address		
CEO		
Name		
Telephone number		
Cell number		
Fax number		
E-mail address		
CFO		
Name		
Telephone number		
Cell number		
Fax number		
E-mail address		
CHAIRPERSON		
Name		
Telephone number		
Cell number		
Fax number		
E-mail address		
Contact Person:		
Name:	TP SEHLOGO	
Email:	tebogus@lesedi.gov.za	
Phone:	(016) 492-0267	
Date: (ccyy/mm/dd)	2016/01/18	

Information on purpose additional to subfunction. If the purpose does not neatly fit into a subfunction, choose 'Other' and provide detail here.

To be completed ONLY when the entity is disestablished

If Sole Control = Yes, then 100%

Please provide details of the contact person who completed this return, should further information be required.
Thank You

