

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	
Municipality		GT423 Lesedi	
Entity Number		Q4 Apr-Jun	
<i>Number between 1 and 100, start at number 1 (never allocate the same number to another entity)</i>			
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			
<i>If parties are munies select Muncde's in the above cells, otherwise use cell on the right to enter parties</i>			
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 <i>Phone, fax and cell no's: nnn nnn nnnn (example 011 315 2341)</i>			
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:			
TP SEHLOGO			
Email:		tebogos@lesedi.gov.za	
Phone:		(016) 492-0267	
Date: (ccyy/mm/dd)		2016/07/18	
<i>Please provide details of the contact person who completed this return, should further information be required. Thank You</i>			

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%

2016/07/28