

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		2017/18			
Municipality		GT423 Lesedi			
Entity Number		Q1 July-Sep			
<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:					
TP SEHLOGO		Please provide details of the contact person who completed this return, should further information be required. Thank You			
Email:				tebogos@lesedi.gov.za	
Phone:				(016) 492-0267	
Date: (ccyy/mm/dd)				2017/10/12	

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%

GSW