

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		2019/20		Q2 Oct-Dec
Municipality		GT423 Lesedi		Information on purpose additional to subfunction. If the purpose does not neatly fit into a subfunction, choose 'Other' and provide detail here.
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:		TP SEHLOGO		Please provide details of the contact person who completed this return, should further information be required. Thank You
Email:		tebogog@lesedi.gov.za		
Phone:		(016) 492-0267		
Date: (ccyy/mm/dd)		2020/01/27		

To be completed ONLY when the entity is disestablished

If Sole Control = Yes then 100%



GSM