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**.

RETURN TYPE:	5.No entity	
Financial Year and Quarter	2020/21	Q1 July-Sep
Municipality	GT423 Lesedi	
Entity Number		
Number between 1 and 100, start at number 1 (never allocate the same number to another entity)		

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

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			
If parties are munies select Muncde's in the above cells, otherwise use cell on the right to enter parties			

To be completed ONLY when the entity is disestablished

If Sole Control = Yes, then 100%

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	*Phone, fax and cell no's: nnn nnn nnnn (example 011 315 2341)*
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)*	2020/10/21	