

## MFMA IMPLEMENTATION AND MONITORING LONG TERM CONTRACTS QUARTERLY RETURN

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

1. any new LTC established, and
2. any LTC terminated or that came to an end, or
3. Existing LTC(s) but no activity for this quarter, or
4. that there are no LTC(s)
5. Specifically for the quarter ending 30 September 2006 details of all LTCs existing as at 30 September 2006 must be submitted once off, thereafter for each quarter select the applicable return(s) from 1-4 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\_LTC\_2007\_Q1\_1.xls

The electronic return must be emailed to [lgdatabase@treasury.gov.za](mailto:lgdatabase@treasury.gov.za).

Please refer to the Guidelines for completing this return available on the website [www.treasury.gov.za/mfma](http://www.treasury.gov.za/mfma) (NT returns)

|   |   |   |
|---|---|---|
| <b>RETURN TYPE:</b>                                     | 1.LTC established during this quarter         |   |
| <b>Financial Year and Quarter</b>                       | 2013/14                                       | Q4 Apr_June   |
| <b>Municipality</b>                                     | GT423 Lesedi                                  |   |
| <b>Long Term Contract Number</b>                        | 2   |   |
| <b>CONTRACT DETAILS</b>                                 |   |   |
| <b>Head Contractor Name</b>                             | Baraka IT Solutions                           |   |
| <b>Main / Sub Function</b>                              | Finance & Admin/Information Technology (0203) |   |
| <b>Purpose, Extent and Other Particulars</b>            | Supply & delivery of computer equipment       |   |
| <b>Date Established</b>                                 | 2014/06/04                                    |   |
| <b>Date Terminated/ came to an end<br/>(ccyy/mm/dd)</b> |   |   |
| <b>Feasibility Study Done</b>                           | Yes   |   |
| <b>LTC compliant with MFMA</b>                          | Yes   |   |
| <b>Total Value</b>                                      | 269,350                                       |   |
| <b>Duration</b>   | 3   |   |
| <b>Participating Parties</b>                            |   |   |
| <b>HEAD CONTRACTOR CONTACT DETAILS</b>                  |   |   |
| <b>Postal address:</b>                                  |   |   |
| Post Box/Private Bag                                    | P O BOX 1040                                  |   |
| Box/Bag No  | 1040  |   |
| City / Town   | Cape Town                                     |   |
| Postal Code   | 8001  |   |
| <b>Street address</b>                                   |   |   |
| Building  |   |   |
| Street No. & Name                                       | 1st floor east wing                           |   |
| City / Town   | Midrand                                       |   |
| Postal Code   | 1685  |   |
| <b>General Contacts</b>                                 |   |   |
| Telephone number  | 0118077092                                    |   |
| Fax number  | 0118077249                                    |   |
| E-mail address  | info@baraka.co.za                             |   |
| <b>Position 1</b>                                       |   |   |
| Name  | Sedumedi Michael Ntshabele                    |   |
| Telephone number  | 0118077092                                    |   |
| Cell number   |   |   |
| Fax number  | 0118077249                                    |   |
| E-mail address  | info@baraka.co.za                             |   |
| <b>Position 2</b>                                       |   |   |
| Name  |   |   |
| Telephone number  |   |   |
| Cell number   |   |   |
| Fax number  |   |   |
| E-mail address  |   |   |
| <b>Position 3</b>                                       |   |   |
| Name  |   |   |
| Telephone number  |   |   |
| Cell number   |   |   |
| Fax number  |   |   |
| E-mail address  |   |   |
| <b>Contact Person:</b>                                  |   |   |
| <b>Email:</b>   | T Sehlogo                                     | Please provide details of the contact person who completed this return, should further information be required. |
| <b>Phone:</b>   | tebogos@lesedilm.co.za                        |   |
| <b>Phone:</b>   | 016 340 4401                                  |   |
| <b>Date:</b>  | 2014/04/25                                    |   |

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