

MFMA IMPLEMENTATION AND MONITORING LONG TERM CONTRACTS QUARTERLY RETURN

Municipalities must report on all long term contracts (LTC) with a contract period exceeding 3 years and a total contract value of R1 million and above (a quarterly return must be completed for the term of the LTC).

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. Changes to detail of existing LTC
4. Existing LTC(s) but no activity for this quarter, or
5. that there are no LTC(s)
6. 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 1-5 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_LTC_2007_Q1_1.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 LTC(s)
Financial Year and Quarter	2018/19	Q2 Oct-Dec
Municipality	GT423 Lesedi	
Long Term Contract Number	1	
<i>Number between 1 and 100, start at number 1</i>		
CONTRACT DETAILS		
Head Contractor Name	KHABOKEDI WASTE MANAGEMENT	
Main / Sub Function	Waste Water Management/Sewerage (1001)	
Purpose, Extent and Other Particulars		
Date Established (ccyy/mm/dd)	2018/10/05	
Date Terminated/ came to an end (ccyy/mm/dd)		
Feasibility Study Done (Yes/No)	Yes	
LTC compliant with MFMA (Yes/No)	Yes	
Total Value (Whole Rand)	10 128 648	
Duration (Number of Whole Years)	3	
Participating Parties (Specify Subcontractors)		
HEAD CONTRACTOR CONTACT DETAILS		
Postal address:		
Post Box/Private Bag	P.O Box	
Box/Bag No	15613	
City / Town	Lambton	
Postal Code	1414	
Street address		
Building		
Street No. & Name	533 Ext 2 Lambton Ridge	
City / Town	Lambton	
Postal Code	1414	
General Contacts	<i>Phone, fax and cell no's: nnn nnn nnnn (example 011 315 2341)</i>	
Telephone number	01 18670701	
Fax number		
E-mail address	siphom@khabokedi.co.za	
Position 1		
Name	Sipho Makhasana	
Telephone number	01 18670701	
Cell number	0795098929	
Fax number		
E-mail address	siphom@khabokedi.co.za	
Position 2		
Name		
Telephone number		
Cell number		
Fax number		
E-mail address		
Position 3		
Name		
Telephone number		
Cell number		
Fax number		
E-mail address		
Contact Person:	T.P Sehlogo	Please provide details of the contact person who completed this return, should further information be required.
Email:	tebogoss@lesedi.gov.za	
Phone:	(016) 492 0267	
Date: (ccyy/mm/dd)	2019/01/29	

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

Specify Position

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