

# 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 [lqdatabase@treasury.gov.za](mailto:lqdatabase@treasury.gov.za).

<b>RETURN TYPE:</b>		5.No entity	
<b>Financial Year and Quarter</b>		2020/21	
<b>Municipality</b>		GT423 Lesedi	
<b>Entity Number</b>		Q4 Apr-Jun	
<small>Number between 1 and 100, start at number 1 (never allocate the same number to another entity)</small>			
<b>ENTITY DETAILS</b>			
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		Jobs Transferred from Muni (Number)	
Annual Budget (Whole Rand)		New Temporary Jobs Created (Number)	
New Permanent Jobs Created (Number)			
Participating Parties			
<small>If parties are munits select Muncde's in the above cells. otherwise use cell on the right to enter parties</small>			
<b>ENTITY CONTACT DETAILS</b>			
<b>Postal address:</b>			
Post Box/Private Bag			
Box/Bag No			
City / Town			
Postal Code			
<b>Street address</b>			
Building			
Street No. & Name			
City / Town			
Postal Code			
<b>General Contacts</b>			
<small>Phone, fax and cell no's: nnn nnn nnnn (example 011 315 2341)</small>			
Telephone number			
Fax number			
E-mail address			
<b>CEO</b>			
Name			
Telephone number			
Cell number			
Fax number			
E-mail address			
<b>CFO</b>			
Name			
Telephone number			
Cell number			
Fax number			
E-mail address			
<b>CHAIRPERSON</b>			
Name			
Telephone number			
Cell number			
Fax number			
E-mail address			
<b>Contact Person:</b>			
Email:		TP SEHLOGO	
Phone:		tebog@lesedi.gov.za	
Date: (ccyy/mm/dd)		(016) 492-0267	
		2021/07/27	

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%

Please provide details of the contact person who completed this return, should further information be required.  
Thank You

*[Signature]* 20/07/2021