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* <u>30 September 2006</u> *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

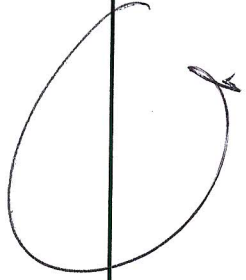The electronic return must be emailed to **lgdatabase@treasury.gov.za.**

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	2014/15	Q1 July-Sep
Municipality	DC42 Sedibeng	
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		

To be completed ONLY when the entity is disestablished

If Sole Control = Yes, then 100%

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

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:	
Email:	
Phone:	
Date: *(ccyy/mm/dd)*	

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

IM: INVESTMENT MONITORING

Municipality: DC42
Quarter: 2015 Q1 July-Sept

Investment No	Reference No	Start Date (ccyy/mm/dd)	Planned End Date (ccyy/mm/dd)	Investment Term Year/Month/Day	Term Value (m)	Commission Paid (Rand)	Commission Recipient (max 40 chars)	Investment Group	Investment Type	Committed	Capital Guarantee Yes/No	Investment Institution (max 40 chars)	Type of Interest	Timing of Interest payment	% Interest Rate (Z per) Per Annum	Accrued Interest This Quarter (Rand)	Balance at Begin of Quarter (Rand)	Partial / Premature Withdrawals This Quarter (Rand)	Investment Top Up This Quarter (Rand)	Balance at End of Quarter (Rand)
1	174192994025	20140701	20130731	M	1	0	0	Other (12)	Legally Committed (Deposits - Bank (03)	Yes	FNB	Variable (02)	Monthly (04)			0		0	0
2	9085799427	20140701	20130731	M	1	0	0	Other (12)	Legally Committed (Deposits - Bank (03)	Yes	ABSA	Variable (02)	Monthly (04)			0		0	0
3	3000006824	20140700	20140690	M	3	0	0	Other (12)	Legally Committed (Deposits - Bank (03)	Yes	INVESTEC	Variable (02)	Monthly (04)			0		0	0
4	174192994025	20140701	20140690	M	3	0	0	Other (12)	Legally Committed (Deposits - Bank (03)	Yes	FNB	Variable (02)	Monthly (04)		205,592	205,592		0	0
5	9085799427	20140701	20140690	M	3	0	0	Other (12)	Legally Committed (Deposits - Bank (03)	Yes	FNB	Variable (02)	Monthly (04)			0	-20,205,562	20,000,000	0
6	223489004	20140701	20140690	M	3	0	0	Other (12)	Legally Committed (Deposits - Bank (03)	Yes	ABSA	Variable (02)	Monthly (04)		2,221	226,454	0	0	226,454
7								Other (12)	Legally Committed (Deposits - Bank (03)	Yes	STANDARD BANK	Variable (02)	Monthly (04)		97,608		-20,097,608	20,000,000	229,675
8					0														0
TOTAL														134.5461701	305,591	226,454	-40,303,370	40,000,000	229,675

DC42_IM_2015_Q1.xls

201401014

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)
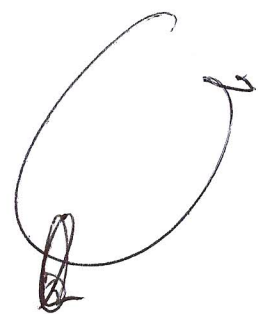
RETURN TYPE:

Financial Year and Quarter	2014/15		**Q1 July-Sept**
Municipality			
Long Term Contract Number	0		
	Number between 1 and 100, start at number 1		

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

CONTRACT DETAILS

Head Contractor Name	
Main / Sub Function	
Purpose, Extent and Other Particulars	
Date Established *(ccyy/mm/dd)*	
Date Terminated/ came to an end *ccyy/mm/dd)*	
Feasibility Study Done *(Yes/No)*	
LTC compliant with MFMA *(Yes/No)*	
Total Value *(Whole Rand)*	
Duration *(Number of Whole Years)*	
Participating Parties *(Specify Subcontractors)*	

HEAD CONTRACTOR CONTACT DETAILS

Postal address:		*Specify Position*
Post Box/Private Bag		
Box/Bag No		
City / Town		
Postal Code		
Street address		*Specify Position*
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		*Specify Position*
Fax number		
E-mail address		
Position 1		
Name		
Telephone number		
Cell number		
Fax number		
E-mail address		
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:		Please provide details of the contact person who completed this return, should further information be required.
Email:		
Phone:		
Date: *(ccyy/mm/dd)*		

DC42_LTC_2015_Q1.xls