# 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.**

*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** | 2011/12 | Q4 Apr-June |
| **Municipality** | DC16 Xhariep | |
| **Entity Number** | 0 | |
| | *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.*

> *To be completed ONLY when the entity is disestablished*

> *If Sole Control = Yes, then 100%*

## 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)* | |
| Feasibility Study 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* | | | |

## 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:** | **Mr EN Mokhesuoe** | *Please provide details of the contact person who completed this return, should further information be required.* |
| Email: | eliasmokhesuoe@yahoo.com | |
| Phone: | 051 - 713 9307 | |
| **Date:** *(ccyy/mm/dd)* | 2012/07/27 | *Thank You* |