## 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

RETURN TYPE:	s return available on the website www.treasurv.gov.za/mfma_(NT) 5.No entity						CIUITIST	
Financial Year and Quarter	-					Q1 July-Sept		
Municipality						Q1 July-Sept		
Entity Number								
Number between 1 a	nd 100, start at nun	nber 1 (neve	r allocate t	he same n	umber to a	nother ent	itv)	
ENTITY DETAILS							-9/	
Entity Name								
Type of Entity								
Main / Sub Function								
Purpose, Extent and Other Particulars								
		_	Data	Disastabl	alaad (			
Date Established (ccyy/mm/dd)		Date Disestablished (ccyy/mm/dd)						
Sole Control (Yes/No)					rol (Whole			
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	,				0, 1)).	100/110/		
Done (Yes/No)			Mor	nth of Fir	nancial Y	ear End		
Funding Source								
Annual Budget (Whole Rand)		Job	s Transf	erred fro	m Muni	(Number)		
New Permanent Jobs Created (Number)			Гетрога					
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 ce	ll no's: nnn ı	nn nnnn (e	example 0	11 315 234	11)		
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 Borcon	Nondyska V-	ohimk -					Please provide detail	c of 4-
Contact Person:	Nondyebo Xa		mzim	bu co:	2		contact person who d	
Email:	Xashimba.Nor		IIIZIIIIVUI	ou.gov.z	a		this return, should fui	rther
Phone:	(039) 255-856	9					information be require	ed.
Date: (ccyy/mm/dd)	2016/09/30						Thank You	