

MFMA IMPLEMENTATION AND MONITORING - s 178(2) CORPORATE ENTITY

Municipalities must submit to National Treasury by 30 September 2004 a list of all corporate entities in which the municipality or a municipal entity under its sole or shared control has an interest (MFMA s178(2)(a)). This form must be completed by the municipal manager and endorsed by the mayor. The signed copy must be faxed to the Chief Director: Local Government at 012 315 5230. The electronic form must be emailed to lgdatabase@treasury.gov.za. Instructions for saving of this file appear at the bottom of this spreadsheet.

If Municipality has no Corporate Entities, submit form with Municipality, Financial Year, Quarter and Entity Number = 0 filled in. (all other cells are blank)

Financial Year and Quarter	2007/08	Q3 Jan-Mar
Municipality	NC091 Sol Plaatje	
Entity Number	0	
<i>Number between 1 and 100, start at number 1</i>		
ENTITY DETAILS		
Entity Name		
Type of Entity		
Main / Sub Function		
Purpose, Extent and Other Particulars		
Date Established (<i>ccyy/mm/dd</i>)		
Sole Control (<i>Yes/No</i>)		% Control (<i>Whole Number</i>)
MFMA / PFMA Applicable	Compliant with MFMA/PFMA (<i>Yes/No</i>)	
Feasibility Study Done (<i>Yes/No</i>)		Month of Financial Year End
Funding Source		
Annual Budget (<i>Whole Rand</i>)		Jobs Transferred from Muni (<i>Number</i>)
New Permanent Jobs Created (<i>Number</i>)		New Temporary Jobs Created (<i>Number</i>)
Participating Parties		
<i>If parties are munies select Muncde's in the above cells, otherwise use cell on the right to enter parties</i>		
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 <i>Phone, fax and cell no's: nnn nnn nnnn (example 011 315 2341)</i>		
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		

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

If Sole Control = Yes, then 100%

Prepared by: Mr. T. F. Mashilo **Date:** _____
(Signature) **Municipal Manager**

Endorsed by: Mr. T.P. Lenyibi **Date:** _____
(Signature) **Mayor**