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:	**4.Existing LTC(s) but no activity for this quarter**	
Financial Year and Quarter	2019/20	Q4 Apr_June
Municipality	DC48 West Rand	
Long Term Contract Number	9	
	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	Mabotwane Security Services	
Main / Sub Function	Public Safety/Other (0704)	
Purpose, Extent and Other Particulars	Banking Services	
Date Established *(ccyy/mm/dd)*	2020-02-28	
Date Terminated/ came to an end *(ccyy/mm/dd)*	2023-07-31	
Feasibility Study Done *(Yes/No)*	Yes	
LTC compliant with MFMA *(Yes/No)*	Yes	
Total Value *(Whole Rand)*	8 316 771	
Duration *(Number of Whole Years)*	3	
Participating Parties *(Specify Subcontractors)*		

HEAD CONTRACTOR CONTACT DETAILS
Specify Position

Postal address:		
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:	**Sam Ramaele**	Please provide details of the contact person who completed this return, should further information be required.
Email:	sramaele@wrdm.gov.za	
Phone:	0114115010	
Date: *(ccyy/mm/dd)*	2020-07-28	