BANK OVERDRAFT REPORT MUNICIPALITIES AND MUNICIPAL ENTITIES

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Please submit this form promptly when the consolidated balance of <u>all</u> bank accounts shows a net over position for a period exceeding 3 months (subject to change) or 21 days in a case of municipal entities. The Municipal Manager or Chief Financial Officer must sign and date the form.

If insufficient space, please insert additional lines.

Please submit this report to:

Municipalities – the full Council
Municipal entities – the Assount

Municipal entities – the Accounting Officer of parent municipality and the Board of Directors of entity

The (parent) municipality to submit to:

- 2. The Chief Director: MFMA Implementation Unit, National Treasury, Private Bag X115, PRETORIA, 0001 or 240 Vermeulen Street or facsimile 012 315 5230 or email to mfma@treasury.gov.za. Tel: 012 315 5322 and
- 3. Relevant Provincial Treasury

Quarters: July – September October – December January – March April – June XXX

Name of Municipality: Breede Valle (or Entity)		y Municipality	
Name of Parent Municipality: (Applicable to Entities only)	None		
Municipal Demarcation Code:	WC025		
Contact details of person submit	ting this report		
Name: Josephine Petro		Email: jpetro@bvm.gov.za	
Cell phone: 073 460 6627		Office phone: 023 348 4967	

ADVISING NET OVERDRAFT

Municipal Finance Management Act, sections 70 and 101

	Account Title: e.g. "General Fund"	Number of days in overdraft (inc. weekends & public holidays)	Name of Bank	Account Balance
1.	One primary account	None	Nedbank	
2.				
3.				
4.				
	BALANCE of all accounts	NA	NA	
Step	s taken to correct the matter: N/A			
Exec I, R	part must be filled in by the Municipa cutive Officer/ Chief Financial Officer (Ontong certify that this information suppli overdrawn position.	municipal entity).		
Sign	ature:	Date	e: 11 April 2022	
Desi	gnation:			
	Chief Financial Officer			