

BANK OVERDRAFT REPORT MUNICIPALITIES AND MUNICIPAL ENTITIES

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Instructions:

Please submit this form promptly when the consolidated balance of all bank accounts shows a net overdrawn 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:

1. *Municipalities – the full Council*
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: (or Entity)	Breede Valley Municipality
Name of Parent Municipality: (Applicable to Entities only)	None
Municipal Demarcation Code:	WC025

Contact details of person submitting this report

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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	

Reasons for being overdrawn: N/A

Steps taken to correct the matter: N/A

This part must be filled in by the Municipal Manager/ Chief Financial Officer (municipality) or the Chief Executive Officer/ Chief Financial Officer (municipal entity).

I, R Ontong certify that this information supplied is a true and correct record of all bank balances showing a net overdrawn position.

Signature:		Date:	9 July 2021
Designation:	Chief Financial Officer		