



# EMALAHLENI

## Local Municipality

P.O. BOX 3,  
WITBANK,  
MPUMALANGA  
1035

TEL.: 013 690 6911  
FAX: 013 690 6207

[www.emalahleni.gov.za](http://www.emalahleni.gov.za)

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Emalahleni, Mandela Street  
Tel.: 013 6906911

Ga-Nala, Quintin Street  
Tel.: 017 648 2241

Ogies, Hoofweg  
Tel.: 013 643 1027

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### TO MANAGEMENT

#### VERIFICATION OF MUNICIPAL ASSETS

The purpose of this letter is to request that Body Corporates grant access to the Asset Management and SMEC personnel, to verify Municipal Assets within the jurisdiction of Emalahleni (Ga-nala, Thubelihle, Rietspruit, Ogies, Phola, eMalahleni) for the financial year 2023/2024.

Asset verification must be performed annually to confirm existence and completeness of assets in the Asset Register, as per the auditing assertions. The Office of the CFO (Asset Management section) does verification as part of maintaining an effective, efficient and transparent systems of internal controls as per **Section 62(i)** of the **Local Government: Municipal Finance Management Act, No.56 of 2003**.

SMEC South Africa (Pty) Ltd was appointed by the Municipality to prepare and update Infrastructure Asset Register, which includes visiting all the arears of Emalahleni to identify, inspect and take photos of Municipal Assets.

Components that will be verified include; Land and Buildings, Sanitation Infrastructure, Water Infrastructure, Electrical Infrastructure, Parks and Sports Facilities and other Community Assets.

#### **The details of the team on the ground are as follows:**

Vehicles being used

- 1) Grand Vitara Suzuki (LM 21 ZX GP)
- 2) Polo Vivo (NU 8318)
- 3) Polo Vivo (NU 21611)



**FOR ENQUERIES PLEASE CONTACT:**

Ms Motha (Law Enforcement)	066 383 6666
Mr Simphiwe Mashego(Asset Management)	079 562 0237
Mr Malesela Legare(Asset Management)	076 654 5006/ 066 230 6178
Mr Senzo Mbhokane(Asset Management)	079 263 8958
Financial Services	013 690 6241
Community Services	013 690 6474

Your cooperation will be highly appreciated.

Kind Regards

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**MAYISELA HS.**  
**MUNICIPAL MANAGER**

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**DATE**