

Enterprise iLembe is the Economic Development Agency of the iLembe District Municipality, responsible for Trade & Investment Promotion and Local Economic Development for the Region. Enterprise iLembe seeks to fill the position and accordingly invites suitably qualified and experienced applications for the position below:

INVITATION TO SERVE ON THE AUDIT COMMITTEE - FOR THE PERIOD ENDING JUNE 2025

(ONE POSITION AVAILABLE)

Enterprise iLembe invites applications from suitably qualified persons to serve as an Audit Committee member in terms of Section 166 of the Municipal Finance Management Act.

Minimum Criteria

A relevant tertiary qualification and experience/skills/ expertise in the following fields:

- Extensive experience as a member of an Audit Committee in the local government and/or public sector
- Extensive experience in financial management, forensic auditing and performance auditing will serve as added advantage.
- Qualification as a Chartered Accountant (CA), Certified Internal Auditor (CIA) will serve as added advantage.
- Minimum of 5 years' experience at management level.
- Administration & Governance (i.e. Internal Audit, Risk Management, Financial Management, IT, Human Resources, Planning, Project including Performance Management

Skills:

The member of the audit committee should at least meet the following competencies:

- Ability to communicate effectively, to lead and participate in the discussions.
- Sound knowledge and understanding local government is essential.
- A good understanding of the treatment of allegations and investigations
- A good understanding of the audit committee position in the governance structures, its role, and responsibilities.
- A thorough understanding of service delivery priorities and the operations of a municipal institution.
- A good understanding/ expertise in the treatment of allegations and investigations.
- The utmost integrity, objectivity, and the ability to contribute to a transparent administration and good governance.
- The ability to address current challenges in a changing municipal environment.
- The ability and capability to conduct the Audit Committee affairs efficiently and effectively, have a sound knowledge of issues affecting Local Government, with proven expertise/skills and experience.
- The necessary professional acumen, strong leadership and personal qualities in business and community.
- The ability to build relations and communicate effectively with stakeholders, including Council, its Sub-Committees,
- Management and Staff, Internal and external Auditors, National and Provincial Treasury.

Key Responsibilities:

The member of the Audit Committee will be expected to:

- Advise the Board of Directors, the Accounting Officer, and management staff of the Entity on various matters as listed in section 166 of the Municipal Finance Management Act.
- Review the Annual Financial Statements to provide the Board, with an authoritative and credible view of the financial position of the Entity, on matters relating to- (i) internal financial control and internal audits; (ii) risk management; 15 (iii) accounting policies; (iv) the adequacy, reliability, and accuracy of financial reporting and (v) performance management; (vi) effective governance; its efficiency and effectiveness and its overall level of compliance with applicable legislation.
- Respond to Board on any issues raised by the Auditor-General.
- Perform all other duties as required by section 166 of the Local Government Municipal Finance Management Act of 2003 and Municipal Planning and Performance Management Regulations of 2001.
- Review the Entity's performance management system and make recommendations to the Board.

Interested persons should not have any business or contractual dealings with the iLembe District Municipality or Enterprise iLembe. This is to ensure that Audit Committee members remain independent and objective from any Municipal activities during the period of appointment on the Audit Committee. **Nor may an interested persons be associated with or be an Official of the state.

Please *email* your applications together with a detailed CV and certified copies of your qualifications, and Identity Document for the attention of the CEO: Mr. L. Mncube; email <u>minenhle@enterpriseilembe.co.za</u>

The closing date for submissions is **Thursday**, **20 April 2023**, **15h00** Please note that applications received after the closing date will not be considered. If you do not hear from us within (4) weeks of closing date, please consider your application as unsuccessful.

L Mncube (Mr) Chief Executive Officer



APPLICATION FORM AUDIT COMMITTEE VACANCY

TERMS AND CONDITIONS

- 1. The purpose of this form is to assist a municipality in selecting suitable candidates for an advertised post.
- 2. This form must be completed in full, accurately and legibly. All substantial information relevant to a candidate must be provided in this form. Any additional information may be provided on the CV.
- 3. Candidates shortlisted for interviews may be requested to furnish additional information that will assist the municipality to expedite recruitment and selection processes.
- 4. All information received will be treated with strict confidentiality and will not be used for any other purpose than to assess the suitability of the applicant.

A. DETAILS OF THE ADVER	RTISED POST (as reflected in the advert)	
Advertised post applying for		0		
Reference number	11 m.	1 13	and the second	
Name of the Municipality	101	as A	-	
Notice service period			100	2
B. PERSONAL DETAILS		1/2 VIII		
Surname		and the	-	
First Names				
ID or Passport Number	12 1	DOI	1 1 1	
Race	African	Coloured	Indian	White
Gender	1	1976	Female	Male
Do you have a disability?	-	ALC: NOT THE	Yes	No
If yes, elaborate	1 V	F. (Pasta		X
Are a South African Citizen?	j.	Claum ALLAND	Yes	No
If no, what is your Nationality?	A	AUC SHOW	.20	3a
Work Permit Number:	1.10		-51	
Do you hold any political office in a p yes, provide information below.	political party, whet	ther in a permanent, temp	oorary or acting capaci	ty? If No
Political Party:	Position: Expir		Expiry date:	
Do you hold a professional members Yes	ship with any profe	ssional body? If yes, prov	vide information below	No
Professional Body:	Membership Number:		Expiry date:	
Are you a member of a board of directors? If yes, provide information below			Yes	No
Organisation:	Position:		Expiry date:	

C. CONTACT DETAILS			
Preferred language for correspondence?			
Telephone number during office hours			
Preferred method for correspondence	Post	E-mail	Fax
Correspondence contact details (in terms of above)			
	STRICT	MUNIC	
D. QUALIFICATIONS (elaborate	on your CV)	i Cila	
Name of School / Technical College	Highest Qualification Obtained	Year Obtained	
Ser .		· · · · · · · · · · · · · · · · · · ·	
Name of Institution	Name of Qualification	NQF Level	Year Obtained
1			4
	112	Silver	
	A A	A	
100			Day .
	197	A A A	
		1 8 5 6	

E. WORK EXPERIENCE (e Employer (starting with the		From		То	-		_
most recent)	Position	MM	YY	MM	1.00	ΥY	Reason for leaving
(1)	4	F C	35			2	7
`l,	h h	NG S	HAKA			2	×
	9811			<u>م ر</u>	8	<u> </u>	
	MA	SIPA	AL	NE.			
			h haard				
If you were previously employe condition exists that prevents		nt, indicate w	hether any	Yes			No
If yes, provide the name of the previous employing municipality							

F. DISCIPLINARY RECORD		
Have you been dismissed for misconduct during the past ten (10) years?	Yes	No
If yes, Name of Municipality/ Organisation		
Type of a Misconduct/ Transgression		
Date of Resignation/ Disciplinary case finalised		
Award/ sanction		
Have you been accused of an alleged misconduct during the past ten (10) years and have resigned from your job pending finalisation of the disciplinary proceedings?	Yes	No
Have you ever been removed from any office of trust on account of misconduct or dishonesty?	Yes	No
SE DISTRICT MU	NICI,	0

G. CRIMINAL RECORD		4,
Have you been convicted of any ten (10) years?	criminal offence in a court of law during the past Yes	No
If yes, type of criminal act		1
Date criminal case finalised		100-
Outcome/ Judgment	A S A	

14.2	1.000	AND A	
Relationship	Tel (office hours)	Cellphone Number	Email
1 1 1 V	301/	1 5. 5	
1 - W - W	A	- W & -	
-	11.5		
	If Mar		8
	Relationship	Relationship Tel (office hours) Image: state	Relationship Tel (office hours) Cellphone Number Image: Comparison of the second s

I. DECLARATION	SHAKA
	nis application and any attachments in support thereof rstand that any misrepresentation or failure to disclose mination of my contract, if appointed.
Signature:	Date: