Republic of the Philippines

Region VII, Central Visayas



Sudion, Lahug, Cebu City

January 22, 2013

DIVISION MEMORANDUM No. 71 , s. 2013

#### SUBMISSION OF SWORN STATEMENT OF ASSETS, LIABILITIES AND NETWORTH (SALN)

TO: OIC, Assistant Superintendents
Education Supervisors/ Coordinator
District Supervisors/OICs
Elementary and Secondary School Heads
Division Office Section Heads

- 1. Relative to the submission of Sword Statement of Assets, Liabilities and Net Worth (SALN) ending December 31, 2012 and to be submitted on April 30, 2013, per advice from the office of the Ombudsman, the field offices are hereby reminded to submit the personnel Sworn Statement of Assets, Liabilities and Net Worth (SALN) of the District/School. Three (3) copies of SALN (2 originals and 1 photo copy) are to be submitted to the Division Office, on or before March 31, 2013.
- 2. You are required to submit a soft copy (flash drive or CD) of the summary report in excel format. Your are to follow the format of the division's summary report form. Attached is the required SALN form and division summary report form.
- 3. Wide dissemination and compliance to this Memorandum is desired.

ARBEN D. MONISIT, Ed.D.
Schools Division Superintendent

## SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH (Sample additional sheet/s for the exclusive properties of the declarant's spouse and unmarried children below eighteen (18) years of age living in declarant's household) NAME: POSITION: [Family Name] (First Name) (M.I.) AGENCY/OFFICE: ASSETS, LIABILITIES AND NET WORTH 1. ASSETS a. Real Properties DESCRIPTION KIND LOCATION ASSESSED CURRENT FAIR ACQUISITION ACQUISITION COST (e.g. lot, house and lot, condominium and improvements) (c.g. residentia), ronmercial, industrial, agricultural and mixed VALUE MARKET VALUE [As found in the Tax Declaration of Real Property] YEAR MODE b. Personal Properties DESCRIPTION YEAR ACQUIRED ACQUISITION COST/AMOUNT 2. LIABILITIES NATURE NAME OF CREDITORS OUTSTANDING BALANCE BUSINESS INTERESTS AND FINANCIAL CONNECTIONS NAME OF ENTITY/BUSINESS **BUSINESS ADDRESS** NATURE OF BUSINESS DATE OF ACQUISITION OF INTEREST &/OR FINANCIAL CONNECTION ENTERPRISE INTEREST OR CONNECTION

# SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

(Sample additional sheet/s for the declarant) NAME: POSITION: (Family Name) (M.I.) (First Name) AGENCY/OFFICE: ASSETS, LIABILITIES AND NET WORTH 1. ASSETS a. Real Properties DESCRIPTION KIND LOCATION ASSESSED CURRENT FAIR ACQUISITION ACQUISITION COST ic.g. lot. house and lot. condominium and improvenents) (e.g. resideraial, commercial, bidustrial, agricultural and mixed use) VALUE MARKET VALUE (As found in the Tax Declaration of Real Property) YEAR MODE Subtotal: b. Personal Properties DESCRIPTION YEAR ACQUIRED ACQUISITION COST/AMOUNT Subtotal: TOTAL ASSETS (a+b): 2. LIABILITIES NATURE NAME OF CREDITORS OUTSTANDING BALANCE TOTAL LIABILITIES: BUSINESS INTERESTS AND FINANCIAL CONNECTIONS NAME OF ENTITY/BUSINESS **BUSINESS ADDRESS** NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION DATE OF ACQUISITION OF INTEREST OR CONNECTION ENTERPRISE

### SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of (Required by R.A. 6713) Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately. ☐ Joint Filing ☐ Separate Filing DECLARANT: POSITION: (Fantily Name) (First Name) (M.I.) AGENCY/OFFICE: ADDRESS: OFFICE ADDRESS: SPOUSE: POSITION: (Family Name) (First Name) (M.L) AGENCY/OFFICE: OFFICE ADDRESS: UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD NAME DATE OF BIRTH AGE ASSETS, LIABILITIES AND NETWORTH (Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household) 1. ASSETS Real Properties\* DESCRIPTION KIND LOCATION ASSESSED CURRENT FAIR ACQUISITION ACQUISITION COST (e.g. lot, house and lot, condominions and improvements) fe.g. residential VALUE MARKET VALUE commercial, industrial, agricultural and mixed (As found in the Tax Declaration of Real Property) YEAR MODE Subtotal: b. Personal Properties\* DESCRIPTION YEAR ACQUIRED ACQUISITION COST/AMOUNT Subtotal: TOTAL ASSETS (a+b): 2. LIABILITIES\* NATURE NAME OF CREDITORS OUTSTANDING BALANCE TOTAL LIABILITIES: NET WORTH: Total Assets less Total Liabilities = \* Additional sheet/s may be used, if necessary,

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#### BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

tof Declarant / Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's Household.

☐ I/We do not have any business interest or financial connection.

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	nature of business interest &/or financial connection	DATE OF ACQUISITION OF INTEREST OR CONNECTION
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#### RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity, Include also Bilas, Balac and inso-

☐ I/We do not know of any relative/s in the government service!

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS		
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I hereby certify that these are true and correct statements of my assets. liabilities, net worth, business interests and financial connections, including those of my spouse and unmarried children below eighteen (18) years of age living in my household, and that to the best of my knowledge, the above-enumerated are names of my relatives in the government within the fourth civil degree of consanguinity or affinity.

I hereby authorize the Ombudsman or his/her duly authorized representative to obtain and secure from all appropriate government agencies, including the Bureau of Internal Revenue such documents that may show my assets, liabilities, net worth, business interests and financial connections, to include those of my spouse and unmarried children below 18 years of age living with me in my household covering previous years to include the year I first assumed office in government.

Date:

(Signature of Co-Declarant/Spouse)

(Signature of Declarant)

Government Issued ID: ID No.: Date Issued:	Government Issued ID:  ID No.: Date Issued:
SUBSCRIBED AND SWORN to before government issued identification card.	me thisday of, affiant exhibiting to me the above-stated
	(Person Administering Oath)

# **Summary Report of Teachers' SALN**

SURNAME  DELA CRUZ	FIRST NAME	<b>M.I.</b>	STATION		POSITION	NET WORTH
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