



OFFICE MEMO

OFFICE MEMO NO. : HRMG-2020011701
Date : January 17, 2020
TO : **All MMWD Permanent Employees**
FROM : The General Manager
SUBJECT : **SUBMISSION OF SWORN STATEMENT OF ASSETS, LIABILITIES AND
NETWORTH (SALN) AS OF DECEMBER 31, 2019**

In compliance with RA No. 6713 or the Code of Conduct and Ethical Standards for Public Officials and Employees, be reminded of the annual filing of Statement of Assets, Liabilities and NetWorth (SALN) including Disclosure of Business Interests and Financial Connections as of December 31, 2019.

Kindly take note of the following reminders in accomplishing your SALN form:

Spouses who are both in the government service shall have the option to file their SALN either jointly or separately. In case of joint filing, the spouse (declarant) from other government agency shall provide the office two (2) original copies of notarized SALN form.

Employees whose spouse is not in government service, are still required to sign the SALN form. In case of non-compliance, an explanation letter or valid document must be attached together with the SALN form.

The declarant is strictly required to fill all applicable information. Otherwise, such items should be marked with "N/A" or "not applicable".

Filling-up of SALN form may be computerized or handwritten provided that all entries should be in block capital format.

Additional sheets may be used, if necessary, using the prescribed form.

The same SALN form used last year shall be used for this purpose. **Six (6) copies of SALN form must be submitted to the Human Resource Department through your office/department secretary not later than February 26, 2020** to ensure correctness on the manner of filling-up before endorsing to the Legal Department for notarization.

For your information and proper compliance.


CAROL S. TOLENTINO, CPA, MMPA
General Manager C

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2019
(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 ☐ Not Applicable

DECLARANT:

(Family Name)

(First Name)

(M.I.)

ADDRESS:

SPOUSE:

(Family Name)

(First Name)

(M.I.)

POSITION:

AGENCY/OFFICE:

OFFICE ADDRESS:

POSITION:

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

a. Real Properties*

DESCRIPTION <small>(e.g. lot, house and lot, condominium and improvements)</small>	KIND <small>(e.g. residential, commercial, industrial, agricultural and mixed use)</small>	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			(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.

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of 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

RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae 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

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 Declarant)

Government Issued ID: _____
ID No.: _____
Date Issued: _____

(Signature of Co-Declarant/ Spouse)

Government Issued ID: _____
ID No.: _____
Date Issued: _____

SUBSCRIBED AND SWORN to before me this ____day of _____, affiant exhibiting to me the above-stated government issued identification card.