

Republic of the Philippines

Metro Midsayap Water District

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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)

| CLARANT: | e neiti | (Direct Name) | The state of the s | Position: Agency/office: | | | |
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| OUSE: | (Family Name) | (First Name) | (M.I.) | POSITION: AGENCY/OFFICE: OFFICE ADDRESS: | EVELW | | |
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