

#### Republic of the Philippines

### Department of Education

REGION III
SCHOOLS DIVISION OFFICE OF BATAAN

March 2, 2020

DIVISION MEMORANDUM NO. 091 s. 2020

#### SUBMISSION OF ASSETS, LIABILITIES AND NET WORTH (SALN) FOR 2019

To: Assistant Schools Division Superintendent
Chief of the Divisions
Education Program Supervisor
Public School District Supervisors
Elementary, Secondary and Senior High School Principals
Division Unit Heads and Personnel
All Others Concerned

- This Office reminds all concerned that the deadline for submission of Statement of Assets, Liabilities and Net Worth (SALN) for CY 2019 is on March 20, 2020. This is to give ample time to the personnel-in-charge of the SALN to thoroughly check and verify all necessary entries, and properly filled up.
- 2. The following forms are available for download at Dep-Ed Bataan Website:
  - a. Revised CSC-SALN Form as of January 2015 [5 copies: Filer, School/District, Division, (2)Ombudsman]
  - b. Additional sheet for exclusive properties of the declarant's spouse and unmarried children below eighteen (18) years of age living in declarant's household (as the need arises); [5 copies: (1)School/District, (1)Division-Records, (1)Division-Personnel, (2) Ombudsman]
  - c. Summary List of Fillers [5 copies: (1)School (for Senior High School & Junior High School)/(1)District, (1)Division-Records, (1)Division-Personnel, (2)Ombudsman]
  - d. Certification of the Summary List of Fillers [5 copies: (1)School/District, (1)Division-Records, (1)Division-Personnel, (2)Ombudsman]
- 3. These forms can be accessed in this URL: https://goo.gl/AovFGN.
- 4. For immediate compliance.

ROMEO M. ALIP, PhD. CESO V Schools Division Superintendent

## SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH As of <u>DECEMBER 31, 2019</u>

(Required by R.A. 6713)

Note		e who are both public officials  Joint Filing	s and employ Separate				separately.
DECLARANT:	_	_		POSITION:			
ADDRESS:	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE: OFFICE ADDRESS	:		
SPOUSE:	(Family Name)	(First Name)	(M.I.)	POSITION: AGENCY/OFFICE:			
				OFFICE ADDRESS			
UNMARRI		BELOW EIGHTEEN (1	8) YEARS	OF AGE LIVING	in deci		HOUSEHOLD
4	(Includi	ng those of the spouse	and unmo	AND NETWORTH arried children belo larant's household)		en (18)	
1. ASSETS a. Real	Properties*						
DESCRIPTION	KIND (e.g. residential,	EXACT LOCATION	ASSESSI		ACQU	NOITIEN	ACQUISITION COST
lot, condominium and improvements)	commercial, industrial, agricultural and mixed use)		(As found	l in the Tax Declaration of Real Property)	YEAR	MODE	
						Subtotal:	
b. Persor	nal Properties*			.			
	DI	SCRIPTION		YBAR	ACQUIREE		ACQUISITION COST/AMOUNT

Subtotal:

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 AT  I hereby certify that these are true and correct statements of my assets, liabilities, net business interests and financial connections, including those of my spouse and unmarried children eighteen (18) years of age living in my household, and that to the best of my knowledge, the enumerated are names of my relatives in the government within the fourth civil degree of consangulations.  I hereby authorize the Ombudsman or his/her duly authorized representative to obtate secure from all appropriate government agencies, including the Bureau of Internal Revenudocuments that may show my assets, liabilities, net worth, business interests and financial connot to include those of my spouse and unmarried children below 18 years of age living with me household covering previous years to include the year I first assumed office in government.  Date:  (Signature of Declarant)  (Signature of Co-Declarant/Spouse)  Government Issued ID:	NATURE			NAME OF CREDITY	)RS	OUTSTANDING BALAN
NET WORTH: Total Assets less Total Liabilities =    Additional sheet/s may be used, if necessary.    BUSINESS INTERESTS AND FINANCIAL CONNECTIONS	<u> Januari e de la companya da la com</u>			e de la comin		
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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   // We do not have any business interest or financial connection.  **RAME OF ENTITY/BUGINESS**  BUSINESS ADDRESS**  RATURE OF BUSINESS BUSINESS ADDRESS**  RATURE OF BUSINESS BUSINESS ADDRESS**  RATURE OF PUBLINESS BUSINESS BUSINESS INTEREST OR FINANCIAL CONNECTION**  **RELATIVES IN THE GOVERNMENT SERVICE**  (Within the Fourth Degree of Consanguantity or Affinity. Include also Edua, Balae and Inso)  I // We do not know of any relative/s in the government service)  **RAME OF RELATIVE**  RELATIVES IN THE GOVERNMENT SERVICE*  (Within the Fourth Degree of Consanguantity or Affinity. Include also Edua, Balae and Inso)  I hereby certify that these are true and correct statements of my assets, liabilities, net business interests and financial connections, including those of my spouse and unmarried childre eighteen (18) years of age living in my household, and that to the best of my knowledge, the enumerated are names of my relatives in the government within the fourth civil degree of consanguaffinity.  I hereby authorize the Ombudsman or his/her duly authorized representative to obte secure from all appropriate government agencies, including the Bureau of Internal Revenue documents that may show my assets, liabilities, net worth, business interests and financial conto to include those of my spouse and unmarried children below 18 years of age living with me household covering previous years to include the year I first assumed office in government.  Date:  (Signature of Declarant)  (Signature of Co-Declarant) Spouse)  Government Issued ID:  Government Issued ID:				тот	L LIABILITII	
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**SUBSCRIBED AND SWORN** to before me this \_\_\_\_day of \_\_\_\_\_, affiant exhibiting to me the above-stated government issued identification card.

## Promulgated on January 23, 2015 SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH As of \_ (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 **Real Properties** DESCRIPTION ASSESSED CURRENT FAIR ACQUISITION ACQUISITION KIND EXACT (e.g. lot, house and lot, condominium (e.g. residential, MARKET VALUE COST LOCATION VALUE creial industrial (As found in the Tax Declaration of Real Property) and improvements) agricultural and mixed YEAR MODE uscì 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 ENTERPRISE	Business Address	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION

# <Name of Agency> Summary List of Filers

#### Statement of Assets, Liabilities and Networth

Calendar Year \_\_\_\_\_

31-	NAME OF EMPLOYEE			TINI	POSITION	NET WORTH
No.	Lastname	Firstname	Middlename	TiN	ruaniun	MEI WORTH
1	XXXXXXX	xxxxxx				
2						
3						
4						
5						
6						
7						
8						
9						
10						
	Prepared by:	Personnel Compl	ement:		Noted by:	
	<name an<="" td=""><td>nd Signature&gt;</td><td></td><td></td><td><name and="" signa<="" td=""><td>ature&gt;</td></name></td></name>	nd Signature>			<name and="" signa<="" td=""><td>ature&gt;</td></name>	ature>
	Person In-charge of SALN			Head of Agency		
	Position:	**************************************	_		Position:	
	Email Address:			Mailing Address:		
	Contact No.:					
					Contact No.:	
	Date :		_		Date :	

# <Name of Agency> Summary List of Filers Statement of Assets, Liabilities and Networth Calendar Year

#### CERTIFICATION

This is to certify that the SALNs submitted/ included in the Summary List of Filers were reviewed and found compliant by the Review and Compliance Committee of this Office.

Further, the review were made in accordance with the review and compliance procedure in filing and submission of SALNs pursuant to CSC Memorandum Circular No. 10, s. 2006 (as amended by CSC Resolution No. 1300455 promulgated on March 04, 2013).

Issued on \_\_\_\_\_, \_\_\_\_\_

Name and Signature Chairperson

Name and Signature Member Name and Signature Member