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MEMORANDUM

TO : All Customs Officials and Employees

FROM : OIC-Deputy Commissioner, IAG

SUBJECT : Filing of Sworn Statement of Assets, Liabilities and Net Worth as of December 31, 2015

DATE : February 17, 2016

1. This is to remind all officials and employees of this Bureau on the filing of Sworn **Statement of Assets, Liabilities and Net Worth (SALN)** as of December 31, 2015 pursuant to R.A.6713 or "The Code of Conduct and Ethical Standards for Public Officials and Employees."
2. **Four (4) original copies of the SALN** shall be submitted to the following divisions/units **on or before March 23, 2016:**

2.1 Human Resources Management Division

For officials and employees assigned in various offices/divisions/units under the Office of the Commissioner except EG and IG.

EG and IG personnel shall submit their SALN to their respective designated Administrative Officers who shall prepare the endorsement to the HRMD.

2.2 Ports/Subports Administrative Divisions or Equivalent Units

For officials and employees assigned in the ports/subports.

3. Officials and employees who are in the customs services as of December 31, 2015 but will retire from service on or before April 30, 2016 shall submit two (2) sets of SALN to **HRMD/Administrative Division or Equivalent Unit** where they have been previously reporting, as follows:

3.1 As of December 31, 2015 (4 original copies)

3.2 As of their date of retirement/separation (4 original copies)

4. **The Chief, Administrative Divisions/Equivalent Officers of the Ports/Subports** shall furnish the HRMD with **two (2) original copies of SALN** of their personnel, together with a copy of the transmittal letter with proof of receipt by the Office of the Ombudsman, and the **LIST OF SALN FILERS and NON-FILERS.**

4.1 One (1) original copy of the SALN shall form part of the 201 files of the employees.

4.2 The HRMD shall submit the other original copy together with the **LIST OF SALN FILERS and NON-FILERS** to the Department of Finance **on or before May 5, 2016**, in compliance with the DOF Order No. 12-2011.

5. The Persons/Officers to administer the oath are:

- Deputy Commissioner, IAG - For District Collectors, Directors and Deputy Commissioners
- Director III - For all the staff under his/her office/service
- Deputy Collector for Administration or Equivalent Officer - For all the staff of the Port/Subport
- Notary Public

6. For guidance and strict compliance.


EXEQUIEL C. CEMPRON
 OIC-Deputy Commissioner, IAG
 17 FEB 2016

NOTED:


ALBERTO D. LINA
 Commissioner



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
 Not Applicable

DECLARANT: _____ (Family Name) (First Name) (M.I.)	POSITION: _____ AGENCY/OFFICE: _____ OFFICE ADDRESS: _____ _____
ADDRESS: _____ _____	POSITION: _____ AGENCY/OFFICE: _____ OFFICE ADDRESS: _____ _____
SPOUSE: _____ (Family Name) (First Name) (M.I.)	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	CURRENT FAIR	ACQUISITION		ACQUISITION COST
			VALUE <small>(As found in the Tax Declaration of Real Property)</small>	MARKET VALUE	YEAR	MODE	

Subtotal: _____

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT

Subtotal : _____

TOTAL ASSETS (a+b): _____

* Additional sheet/s may be used, if necessary.

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)

(Signature of Co-Declarant/Spouse)

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

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.

(Person Administering Oath)

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of _____
 (Sample additional sheet/s for the declarant)

NAME: _____ POSITION: _____
 (Family Name) (First Name) (M.I.) AGENCY/OFFICE: _____

ASSETS, LIABILITIES AND NET WORTH

1. ASSETS

a. Real Properties*

DESCRIPTION (e.g. lot, house and lot, condominium and improvements)	KIND (e.g. residential, commercial, industrial, agricultural and mixed use)	EXACT LOCATION	ASSESSED	CURRENT FAIR	ACQUISITION		ACQUISITION COST
			VALUE	MARKET VALUE	YEAR	MODE	
			(As found in the Tax Declaration of Real Property)				

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