



COUNTY GOVERNMENT OF MOMBASA

MOMBASA COUNTY PUBLIC SERVICE BOARD

Declaration of Income, Assets and Liabilities
(Section 26 of the Public Officer Ethics Act, No. 4 of 2003)

1. Name of public officer

(Surname)

(First name)

(Other names)

2. Birth information

a. Date of birth: DD _____ MM _____ YY _____

b. Place of birth: _____

3. Marital status: _____

4. Address

a. Postal address: _____

b. Physical address: _____

5. Employment information

a. Employment No. _____

b. Designation: _____

c. Name of Department: _____

d. Nature of employment (permanent, temporary, contract, etc.)

6. Names of spouse or spouses

(Surname)	(First name)	(Other names)
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(Surname)	(First name)	(Other names)
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(Surname)	(First name)	(Other names)
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(Surname)	(First name)	(Other names)
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(Surname)	(First name)	(Other names)
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(Attach additional list if necessary and state the names of your spouses as appropriate)

7. Names of dependent children under the age of 18 years.

(Surname)	(First name)	(Other names)
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(Surname)	(First name)	(Other names)
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(Surname)	(First name)	(Other names)
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(Surname)	(First name)	(Other names)
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(Surname)	(First name)	(Other names)
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(Surname)	(First name)	(Other names)
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(Attach additional list if necessary and state the names of your dependent children as appropriate)

8. Financial statement for: _____

(A separate statement is required for the officer and each spouse and dependent child under the age of 18 years. Additional sheets should be added as required.)

a. Statement date: _____

b. Income, including emoluments, for period from _____
to _____

(Including, but not limited to, salary and emoluments and income from investments. The period is from the previous statement date to the current statement date. For an initial declaration, the period is the year ending on the statement date.)

Description	Approximate amount

c. Assets (as of the statement date)

(Including, but not limited to, land, buildings, vehicles, investments and financial obligations owed to the person for whom the statement is made.)

Description (include location of asset where applicable)	Approximate value

d. Liabilities (as of the statement date)

Description	Approximate amount

9. Other information that may be useful or relevant:

I solemnly declare that the information I have given in this declaration is, to the best of my knowledge, true and complete.

Signature of officer: _____

Date: _____

Witness:

Signature: _____

Name: _____

Address: _____

(The witness is any willing adult of sound mind. Do not use a child as a witness. The witness need not be your supervisor or a colleague at work. The witness should see you affixing your signature i.e. to witness the signing).