SWORN STATEMENTS OF ASSET, LIABILITIES AND NETWORTH DISCLOSURE OF BUSINESS INTERESTS AND FINANCIAL CONNECTIONS AND IDENTIFICATION OF RELATIVES IN THE GOVERNMENT

As of December 31, _____ (Required by R.A. 6713)

| Name (Sur | Offi | Position/Income :Office :Office Address : | | | | | | | | | |
|---------------------|--------------------|---|-------------|------------|---------------------------------------|---------------|---------------------|--------------|--|--|--|
| Spouse Na | | | ame) (M | 1I) Offi | Position Office Below 19 years of age | | | | | | |
| | N | age Date | e Of Birth | | | | | | | | |
| | Name | | | | | Date Of Birth | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1. ASSETS a. Rea | S Il Properties | A. AS | SSETS, LIAB | LITIES AND |) NETW | ORTH | I | | | | |
| | | Year | Mode of | Assessed | Current | | Acquisition Cost | | | | |
| Kind | Location | Acquired | Acquisition | Value | Fair M Val | | Land, Bldg, etc. | Improvements | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| h Par | sonal and oth | er Properties | | | TOTAL: Php | | | | | | |
| D. Feit | Sorial and oth | lei Fiopeilles | | | | | | | | | |
| | Kind | | Year | Acquired | | | Acquisition Cost | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | TOTAL: Ph | np | | | | | | |
| 2. LIABILI | ILS (Loans, | Mortgages, e | etc) | | | | | | | | |
| | | Amount | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | TOTAL: Pł | np | | | |

NETWORTH (Total Assets (1a + 1b) Less Total Liabilities

TOTAL: Php

| Do you have any business in Unmarried children below 18 / / Yes | | ith yo | | | ose of your spouse and | | | | | |
|--|---|--|--|-----------------------------------|---|--|--|--|--|--|
| Name | | | ture of Business Inter or Financial Connec | Date of Acquisition or connection | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| B. IDENTIFIC | CATION OR RELATI | VES | IN THE GOVERNME | NT S | SERVICE | | | | | |
| To the best of your knowledge, are you related within the fourth degree of consanguinity or affinity to anyone working in the government? / \checkmark / Yes / No If yes. Give particulars | | | | | | | | | | |
| Name | Name Position | | | N | ame/Address of Office | | | | | |
| | | | • | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| and unmarried children belo December 31, 2005, as requi I hereby authorize the from all appropriate governmenthat my show my assets, like those of my spouse and un covering previous years to income | red by and in accord e Ombudsman or hi nent agencies, includ abilities, networth, b imarried children be clude the first assume | ance s duly ding t usine low 1 | with Republic Act 67 y authorized represe he Bureau of Interna ss interest and finar 8 years of age livin | 13. ntativ al Re ncial | ve to obtain and secure evenue such documents connections, to include | | | | | |
| Signature of Spo | | | | an of the | re of Employee | | | | | |
| Signature of Spo | ouse | | Si | gnatu | ire or Employee | | | | | |
| TIN | WORN TO before m | Issu Issu ne this | m. Tax Cert No ued at ued on | | | | | | | |
| | | | Person Admini | sterir | ng Oath) | | | | | |