

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH  
DISCLOSURE OF BUSINESS INTERESTS AND FINANCIAL CONNECTIONS  
AND IDENTIFICATION OF RELATIVES IN THE GOVERNMENT SERVICE

As of \_\_\_\_\_  
(Required by R.A. 6713)

Name \_\_\_\_\_  
(Surname) (First Name) (M.I.)

Address \_\_\_\_\_  
\_\_\_\_\_

Spouse Name \_\_\_\_\_  
(Surname) (First Name) (M.I.)

Position/Income \_\_\_\_\_  
Office \_\_\_\_\_

Office Address \_\_\_\_\_  
\_\_\_\_\_

Position \_\_\_\_\_  
Office \_\_\_\_\_

Unmarried Children below 18 years of age	
Name	Date of Birth

A. ASSETS, LIABILITIES AND NETWORTH

1. ASSETS

a. Real Properties

Kind	Location	Year Acquired	Mode of Acquisition	Nature of Property	Assessed Value	Current Fair Market Value	Acquisition Cost	
							Land; Bldg., etc.	Improve- ments

Total: P \_\_\_\_\_

b. Personal and other Properties

kind	Year Acquired	Acquisition Cost

Total: P \_\_\_\_\_

2. LIABILITIES (Loans, Mortgages, etc.)

Nature	Name of Creditors	Amount

Total: P \_\_\_\_\_

NETWORTH (Total Assets (1a + 1b) Less Total Liabilities (2)

Total: P \_\_\_\_\_

(Note: Please use additional forms/sheets if necessary.  
Also, please reproduce this form back to back)

B. BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

Do you have any business interests and other financial connections including those of your spouse and unmarried children below 18 years of age living with you in your household?

☐ Yes

☐ No

If yes, give particulars:

Name	Name of Firm/ Company	Address	Nature of Business Interest and/or Financial Connection	Date of Acquisition or Connection

C. IDENTIFICATION OF RELATIVES IN THE GOVERNMENT SERVICE

To the best of your knowledge, are you related within the fourth degree of consanguinity or of affinity to anyone working in the government?

☐ Yes

☐ No

If yes, give particulars:

Name	Position	Relationship	Name/Address of Office

I hereby certify to the best of my knowledge and information, that these are true statements of my assets, liabilities, networth, business interests and financial connections, including those of my spouse and unmarried children below 18 years of age and names of my relatives in the government as of \_\_\_\_\_, \_\_\_\_\_, as required by and in accordance with Republic Act 6713.

I hereby authorize the Ombudsman or his 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, networth, 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 Spouse)

TIN : \_\_\_\_\_

Com. Cert. No. \_\_\_\_\_

Issued at : \_\_\_\_\_

Date Issue : \_\_\_\_\_

\_\_\_\_\_  
(Signature of Employee)

TIN : \_\_\_\_\_

Com. Cert. No. \_\_\_\_\_

Issued at : \_\_\_\_\_

Date Issue : \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, affiant exhibiting his/her RESIDENCE TAX CERTIFICATE as indicated above.

\_\_\_\_\_  
(Person Administering Oath)