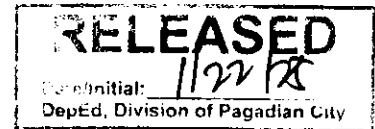




Republic of the Philippines
Department of Education
Region IX, Zamboanga Peninsula
DIVISION OF PAGADIAN CITY



January 21, 2025

DIVISION MEMORANDUM

No. 20, s. 2025

SUBMISSION OF STATEMENT OF ASSETS, LIABILITIES AND NETWORTH (SALN) AS OF DECEMBER, 2024


To: Assistant Schools Division Superintendent
All Teaching and Non-Teaching Personnel
This Division

In compliance to CSC Memorandum Circular No. 03, s. 2015, no other form shall be used except the **REVISED JANUARY 23, 2015** FORM (see attached sample).

Be reminded also that no space/spaces will be left unfilled. **Information/spaces not applicable to the filer shall be marked N/A.**

Deadline of submission to the Division Office **c/o Ms. Ivy J. Estadilla, Administrative Officer V shall be on MARCH 31, 2025.**

For the Schools Division Superintendent:


JUDITH V. ROMAGUERA, EdD., CESO VI
Asst. Schools Division Superintendent
In-Charge of Office




References:

CSC-MC No. 03, S. 2015
CSC RESOLUTION NO. 1500088

IJE/ADMINDM2025-003



Department of Education, Pagadian City Division, San Jose Heights, San Jose, Pagadian City

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SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of DECEMBER 31, 2024
 (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:

POSITION:

AGENCY/OFFICE:

ADDRESS:

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 VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
					YEAR	MODE	

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

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: JANUARY 20, 2020

(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 21st day of JANUARY 2020, affiant exhibiting to me the above-stated government issued identification card.

(Person Administering Oath)