

Republic of the Philippines

Department of Education

Region VII, Central Visayas

DIVISION OF CEBU PROVINCE

Sudlon, Lahug, Cebu City



January 6, 2016

DIVISION MEMORANDUM

No. <u>011</u> 2016

SUBMISSION OF SWORN STATEMENT OF ASSEST, LIABILITIES AND NET WORTH (SALN)

To: Assistant Superintendents

Education Supervisors/Coordinators

District Supervisors/OICs

Elementary and Secondary School Heads

Section Heads

- 1. You are hereby reminded to submit the Sworn Statement of Assets, Liabilities and Net worth (SALN) ending December 31, 2015 (2 originals and 1 photocopy), of all personnel under your supervision, on or before March 31, 2016.
- 2. Summary Report of Teachers' SALN Form must be submitted in both soft and hard copy (MS Excel Format) together with the SALN's in the Records Section of this Division. (see attached files)
- 3. Wide dissemination and compliance to this Memorandum is directed.

RHEA MAR A. ANGTUD, Ed,D., CESO VI Schools Division Superintendent

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

		As o							
			(Requ	uired by R.A. 6	713)				
Note		e who are both pu I Joint Filing		and employee. Separate Fi	s may file the require ing Not A_1			or separately.	
DECLARANT:					POSITION:				
	(Family Name)	(First Na	me)	(M.I.)	AGENCY/OFFICE:				
ADDRESS:					OFFICE ADDRESS	·			
SPOUSE:	(Family Name)	(First Na	me)	(M.I.)	POSITION: AGENCY/OFFICE: OFFICE ADDRESS	:			
UNMARRI		BELOW EIGH	ITEEN (18	8) YEARS C	F AGE LIVING	IN DEC	LARANT	'S HOUSEHOLD AGE	
-									
-							-		
1. ASSETS a. Real	(Includi	ing those of the	e spouse d	and unmarri	D NETWORTH ed children belot ant's household)		een (18)		
	-	EVAC	m.	ACCECCED	CURRENT FAIR	ACOI	IICITION	ACOULSTAION	
(e.g. lot, house and	KIND (e.g. residential,	EXACT LOCATION		ASSESSED CURRENT FAIR VALUE MARKET VALUE		ACQUISITION		ACQUISITION COST	
lot, condominium and improvements)	commercial, industrial, agricultural and mixed use)	200111	.01.	(As found in t	he Tax Declaration of ll Property)	YEAR	MODE		
	,								
					S		Cb4-4-1	htetalı	
b. Person	al Properties*					,	Subtotal	•	
DESCRIPTION					YEAR ACQUIRED			ACQUISITION COST/AMOUNT	
							Subtotal	:	
					TOT	AL ASS	ETS (a+b)	:	
2. LIABILIT	IES*								
NATURE NAME			NAME (OF CREDITORS			OUTSTANDING BALANCE		
					TOTAL LIA	BILITII	ES:		
		NET	WORTH :	: Total Asse	ts less Total Li				
		1121		. I Juli A330	ICOS I Clai Di		~		

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

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's Household) \square 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 government issued identification card.	me thisday of, affiant exhibiting to me the above-stated
	(Person Administering Oath)

Summary Report of Teachers' SALN

SURNAME	FIRSTNAME	M.I.	STA	TION	POSITION	NET WORTH	LEVEL
DELA CRUZ , JUAN		C.	LAMBUSAN NHS	SAN REMIGIO	T1	200,000.00	SECONDARY
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Submitted by: