



Republic of the Philippines
Department of Education
Region IV-A (CALABARZON)
DIVISION OF CAVITE
Trece Martires City



MEMORANDUM

TO: Assistant Schools Division Superintendent
OIC, Office of the Assistant Schools Division Superintendent
Chief, CID and OIC Chief, SGOD
Education Program Supervisors
Public Schools District Supervisors
Public Elementary and Secondary School Heads
Public Elementary and Secondary Teachers
SDO Personnel / Non – Teaching Personnel

FROM: 
CHERRYLOU D. DE MESA
OIC, Schools Division Superintendent

SUBJECT: **Annual Submission of Sworn Statement of Assets, Liabilities and Net Worth (SALN)**

DATE: February 15, 2016

You are hereby advised to submit to the Personnel Section of this office your respective Sworn Statement of Assets, Liabilities and Net Worth (SALN) along with a Summary list of Filers per District / School on or before March 31, 2016.

Attached herewith is the revised form of SALN and Summary List of Filers.
For your strict compliance.




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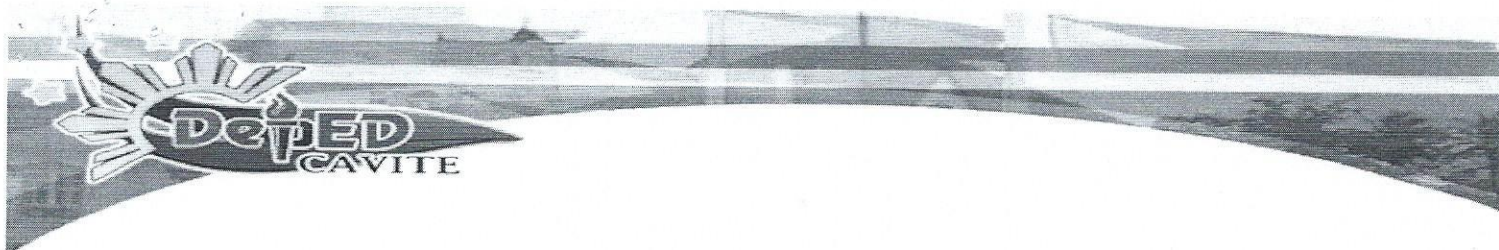

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SUMMARY LIST OF FILERS
Statement of Assets, Liabilities and Networth
Calendar Year 2015

No.	NAME OF EMPLOYEE			TIN	POSITION	NET WORTH
	Last Name	First Name	Middle Name			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						

Total Number of Filers _____

Total Number of Personnel Complement _____

Prepared by:

Noted by:

Person In-Charge of SALN

Head of the Agency

Position: _____

Email Address _____

Contact Number: _____

Date: _____

Position: _____

Mailing Address _____

Contact Number: _____

Date: _____

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of _____
(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:

ADDRESS:

SPOUSE:

(Family Name)

(First Name)

(M.I.)

POSITION:

AGENCY/OFFICE:

OFFICE ADDRESS:

(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
			<small>(As found in the Tax Declaration of Real Property)</small>		YEAR	MODE	

Subtotal: _____

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT

Subtotal : _____

TOTAL ASSETS (a+b): _____

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