

# OFFICE OF THE FIELD DIRECTOR

## FIELD OFFICE III

DSWD-GF-004 | REV 03 | 22 SEP 2023



DRN

### MEMORANDUM FROM THE REGIONAL DIRECTOR

**TO :** ALL PERMANENT, CASUAL AND CONTRACTUAL PERSONNEL  
DSWD Field Office III

**FROM :** THE REGIONAL DIRECTOR

**SUBJECT :** FILING OF SWORN STATEMENT OF ASSETS, LIABILITIES AND NETWORTH (SALN) AS OF DECEMBER 31, 2024

**DATE :** 16 JAN 2025

In compliance with **Republic Act No. 6713**, otherwise known as the *Code of Conduct and Ethical Standards for Public Officials and Employees*, Section 8(A) mandates the submission of the Annual Sworn Statement of Assets, Liabilities, and Net Worth (SALN), together with the Disclosure of Business Interests and Financial Connections, and Identification of Relatives in Government Service.

Moreover, the DSWD Central Office issued **Referendum No. 2022-01**, titled *Review and Compliance Procedure in the Filing and Submission of SALN as of December 31 of Every Year and Their Disclosure*, which underscores the importance of timely and accurate compliance.

In line with these directives, **all Permanent, Casual, and Contractual personnel** are hereby required to submit their SALN for the calendar year 2024 in **four (4) original copies** to the **Personnel Administration Section**, DSWD Field Office III, on or before **January 31, 2025**. This deadline ensures sufficient time for the Review and Compliance Committee to assess and validate the documents prior to submission to the Office of the Ombudsman.

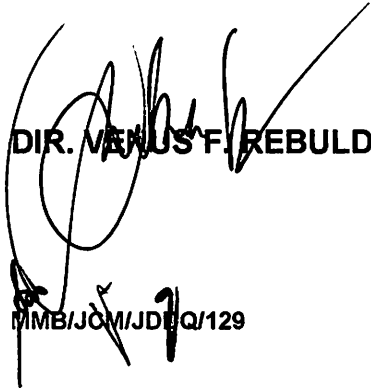
Please be reminded of the provision in the **Inter-Agency Task Force (IATF) Memorandum Circular** on the guidelines for the grant of the Performance-Based Bonus (PBB), which states:

***“Officials and employees who fail to submit their SALN shall not be entitled to receive the PBB.”***

To facilitate compliance, a copy of the SALN form is attached to this memorandum for your reference.

Your prompt submission is essential to ensure adherence to the prescribed guidelines. Should you have any questions or require further assistance, please do not hesitate to contact the Personnel Administration Section.

Thank you for your cooperation and commitment to upholding the highest standards of transparency and accountability in public service.



**DIR. VENUS F. REBULDELA**  
MIMB/JCM/JDT/Q/129

## 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: _____ (Family Name)                      (First Name)                      (M.I.) ADDRESS: _____ _____ _____ SPOUSE: _____ (Family Name)                      (First Name)                      (M.I.)	POSITION: _____ AGENCY/OFFICE: _____ OFFICE ADDRESS: _____ _____ _____ POSITION: _____ AGENCY/OFFICE: _____ OFFICE ADDRESS: _____ _____ _____
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### 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
			(As found in the Tax Declaration of Real Property)	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.

**2. LIABILITIES\***

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE

**TOTAL LIABILITIES:** \_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_  
(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 \_\_\_ day of \_\_\_\_\_, affiant exhibiting to me the above-stated government issued identification card.

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