



Republic of the Philippines
Department of Education
REGION VIII
SCHOOLS DIVISION OF CALBAYOG CITY

January 13, 2025

DIVISION MEMORANDUM

No. 023, s. 2026

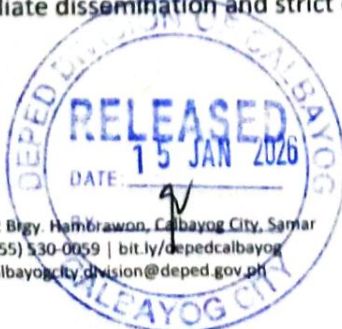
TO: Chief Education Supervisor
Education Program Supervisors
Public Schools District Supervisors
Unit/Section Heads
Public Elementary and Secondary School Heads
All Others Concerned


**SUBMISSION OF PERSONAL DATA SHEET, COPY OF UPDATED VALID PRC LICENSE AND
2025 STATEMENT OF ASSETS, LIABILITIES & NETWORTH**

1. In reference to Office Memorandum AD-2026-11 on the Submission of the PERSONAL DATA SHEET (PDS) (CS Form No. 212, Revised 2025), this office inform all teachers and employees in this agency that you are required to **submit 1 original copy of the Personal Data Sheet (CS Form 212, revised 2025) with Work Experience Sheet, 1 photocopy of the Updated PRC License (Teachers & employees with RA 1080) and 2 original copies and e-copy of Statement of Assets, Liabilities & Net Worth (Revised 2025) for CY 2026.**
2. The photocopy of the **updated PRC License** to be submitted by the teachers and other employees need not be authenticated by the PRC.
3. All districts are expected to submit the documents arranged alphabetically with endorsement on or before **March 31, 2026**. Attach a list of All Teachers/Employees in the district in alphabetical order, regardless of stations, indicating whether they have submitted the documents or not. Each concerned teacher/employee must retain a personal copy/file.

Elementary, Secondary & Senior High (per District) and Insular	Required Document
1 folder for Div. 201 File	PDS
1 folder for Div. 201 File	Valid PRC License
1 folder for Div. 201 File	SALN as of December, 2025
1 folder for Ombudsman copy	

4. Attached are the new template of the CSC Form No. 212, Revised 2025 and the Guide to Filling-up Personal Data Sheet and the 2025 SALN FORM (downloadable also in the <https://csc.gov.ph/downloads>)
5. Immediate dissemination and strict compliance with this Memorandum are directed.




MARGARITO A. CADAYONA, JR., PhD, CESO VI
Schools Division Superintendent
Office of the Schools Division Superintendent



P2 Brgy. Hambrawon, Calbayog City, Samar
(055) 530-0059 | bit.ly/depedcalbayog
calbayogcitydivision@deped.gov.ph





Republic of the Philippines
Department of Education
REGION VIII - EASTERN VISAYAS

January 5, 2026

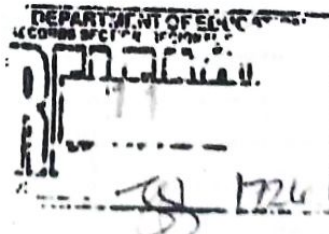
OFFICE MEMORANDUM
AD-2026-

**SUBMISSION OF UPDATED PERSONAL DATA SHEET (PDS)
(CS Form No. 212, Revised 2025)**

To: **All DepED Regional Office VIII Permanent Employees**

1. For purposes of updating our record in the Civil Service Commission and 201 File of this Regional Office, all permanent employees are required to submit **one (1) original copy** of properly accomplished, updated, and notarized Personal Data Sheet using the CS Form No. 212, Revised 2025 to the Personnel Section on or before **April 30, 2026**.
2. Each Regional Office VIII employee is advised to compile in their custody a folder of all the Certificates of Trainings attended as enumerated in Page 3 Part VII of the PDS entitled Learning and Development (L&D) Interventions/Training Programs Attended, for personal file and reference purposes.
3. Attached are the new template of the CSC Form No. 212, Revised 2025 and Guide to Filling-Up Personal Data Sheet, for reference. Editable template can be downloaded through **www.csc.gov.ph**.
3. For strict compliance.

RONEL AL K. FIRMO CESO IV
Assistant Regional Director
Office-in-Charge
Office of the Regional Director



AD-PS-EDR



Address: Government Center, Candahug, Palo, Leyte
Telephone No.: (053) 832-5738
Email Address: region8@deped.gov.ph
Website: region8.deped.gov.ph



PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly if accomplished through own handwriting. Tick appropriate boxes ☐ and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

I. PERSONAL INFORMATION

1. SURNAME			
2. FIRST NAME			NAME EXTENSION (JR., SR.)
MIDDLE NAME			
3. DATE OF BIRTH (dd/mm/yyyy)		16. CITIZENSHIP	<input type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country
4. PLACE OF BIRTH		If holder of dual citizenship, please indicate the details.	
5. SEX AT BIRTH	<input type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province ZIP CODE
7. HEIGHT (m)		18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province ZIP CODE
8. WEIGHT (kg)		19. TELEPHONE NO.	
9. BLOOD TYPE		20. MOBILE NO.	
10. UMID ID NO.		21. E-MAIL ADDRESS (if any)	
11. PAG-IBIG ID NO.			
12. PhilHEALTH NO.			
13. PhilSys Number (PSN)			
14. TIN NO.			
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (dd/mm/yyyy)
FIRST NAME	NAME EXTENSION (JR., SR.)		
MIDDLE NAME			
OCCUPATION			
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME			
FIRST NAME	NAME EXTENSION (JR., SR.)		
MIDDLE NAME			
25. MOTHER'S MAIDEN NAME			
SURNAME			
FIRST NAME			
MIDDLE NAME			

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY							
SECONDARY							
VOCATIONAL / TRADE COURSE							
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE	(wet signature/e-signature/digital certificate)	DATE
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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE	(wet signature/e-signature/digital certificate)	DATE	
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	(wet signature/e-signature/digital certificate)	DATE	
------------------	---	-------------	--

<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p>															
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>															
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p>															
<p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p>															
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p>															
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>															
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277, as amended); and (c) Expanded Solo Parents Welfare Act (RA 11861), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>															
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">OFFICE / RESIDENTIAL ADDRESS</th> <th style="width: 30%;">CONTACT NO. AND/OR EMAIL</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL												
NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL														
<p>42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct, and complete statement pursuant to the provisions of pertinent laws, rules, and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.</p>																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td style="padding: 2px;">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td style="padding: 2px;">Government Issued ID: _____</td> </tr> <tr> <td style="padding: 2px;">ID/License/Passport No.: _____</td> </tr> <tr> <td style="padding: 2px;">Date/Place of Issuance: _____</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: _____	ID/License/Passport No.: _____	Date/Place of Issuance: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 10px;"> <p>(wet signature/e-signature/digital certificate)</p> <p>_____ Signature (Sign inside the box)</p> <p>_____ Date Accomplished</p> </td> </tr> </table>	<p>(wet signature/e-signature/digital certificate)</p> <p>_____ Signature (Sign inside the box)</p> <p>_____ Date Accomplished</p>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; text-align: center; padding: 5px;"> <p>Passport-sized unfiltered digital picture taken within the last 6 months 4.5 cm. X 3.5 cm</p> </div> <p style="text-align: center; margin-top: 10px;">PHOTO</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; text-align: center; padding: 5px;"> <p>Right Thumbmark</p> </div>								
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Government Issued ID: _____																
ID/License/Passport No.: _____																
Date/Place of Issuance: _____																
<p>(wet signature/e-signature/digital certificate)</p> <p>_____ Signature (Sign inside the box)</p> <p>_____ Date Accomplished</p>																
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p>																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 10px;"> <p>(wet signature/e-signature/digital certificate except for notary public)</p> <p>_____ Person Administering Oath</p> </td> </tr> </table>			<p>(wet signature/e-signature/digital certificate except for notary public)</p> <p>_____ Person Administering Oath</p>													
<p>(wet signature/e-signature/digital certificate except for notary public)</p> <p>_____ Person Administering Oath</p>																

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word *Present*, e.g., 1998-Present. Work experience should be listed from most recent first.

Sample: If applying to Supervising Administrative Officer (Human Resource Management Officer IV)

- Duration: 11 February 2011 – present
- Position: Human Resource Management Officer III
- Name of Office/Unit: Finance and Administrative Service
- Immediate Supervisor: Maria Estrada
- Name of Agency/Organization and Location: Department of Human Resources, Metro Manila

- List of Accomplishments and Contributions (if any)

- Developed recruitment plan
- Designed training program for retirees under EO 366

- Summary of Actual Duties

- Responsible for the management of the recruitment and selection process and the coordination of training activities of the Department, provides assistance in the management of the Division's programs and activities, and performs other related functions.

- Duration: 2 January 2002 – 10 February 2011
- Position: Administrative Officer III
- Name of Office/Unit: Finance and Administrative Division
- Immediate Supervisor: Celia Romano
- Name of Agency/Organization and Location: Department of Finance

- List of Accomplishments and Contributions (if any)

- Summary of Actual Duties

- Responsible in performing administrative and technical tasks e.g., pre-screening of applicants, preparation of monthly report on accession and separation, report on appointments issued, preparation of minutes of meetings of various HR committees, monitoring of trainings conducted, responds to queries, and performs other related functions.

(Signature over Printed Name
of Employee/Applicant)

Date: _____

GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS)

Warning:

Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

Please fill out each of the fields in the PDS when applicable.

Note:

- The PDS may be accomplished using the MS Word format or MS Excel format.
- In the MS Excel format, all the tick boxes will automatically be marked once clicked.
- The PDS must bear the wet signature/e-signature/digital certificate of the employee and date of accomplishment at the bottom of every page.
- Entries in the PDS may be filled out through handwriting or via typewriter/computer. If handwritten, entries should be in block capital (e.g. PRINT) format using a pen.
- All information should be provided accurately.
- Do not leave blank entries. Put N/A if not applicable.
- The additional sheet for work experience should be accomplished as a required attachment to the PDS.

I. Personal Information

- Employee's name is to be filled out in the following format: surname, first name, name extension (if any), middle name. A space is allotted for each character or letter in the name.
- Dates are in numeric format: dd/mm/yyyy.
- Specifics should be given to "Others" response in the civil status field.
- Agency employee number refers to employee ID number in the current agency.
- For holders of foreign/dual citizenship, please select from the dropdown list the foreign country where you were born/naturalized or type/write the same in the space provided therein.

II. Family Background

- Names of spouse and parents are to be filled out the following format: surname, first name, name extension (if any), middle name.
- Mother's name is her maiden name, or name when she was single or before marriage.
- List full names (first name and surname) of ALL your children.
- Date of birth is in numeric format: dd/mm/yyyy

III. Educational Background

- Indicate FULL name of schools. DO NOT ABBREVIATE.
- For Elementary Level, indicate ELEMENTARY if graduated
- For Secondary Level, indicate HIGH SCHOOL if graduated under the old curriculum; or JUNIOR HIGH SCHOOL or SENIOR HIGH SCHOOL if graduated under the K-12 curriculum.
- Indicate in FULL all courses taken in college (e.g. ASSOCIATE IN ARTS, AB ECONOMICS, BS PSYCHOLOGY, MA IN HISTORY).
- Indicate all masters or doctorate degrees taken.
- If graduated for every level, indicate year of graduation.
- If not graduated in any level, indicate the highest grade, level or units earned.
- Period of attendance are stated in school years (e.g. 1992-1996)
- Indicate any scholarship and/or academic honors received in each level.

IV. Civil Service Eligibility

- Indicate all civil service eligibilities earned with corresponding rating, date and place of examination/conferment.

Example:

Career Service Sub-Professional	EO132/790 – Veteran Preference Rating
Career Service Professional	PD 907 – Honor Graduate
Career Service Executive	RA 7883 – Barangay Health Worker
Stenographer	Barangay Official
PD 997 – Scientific and Technological Specialist	

- If earned eligibility entails a license (RA 1080), indicate the license number and its date of expiry (valid until).

V. Work Experience

- Indicate all positions held both in the public and private employment starting from current work.
- Inclusive dates are indicated in numeric format: dd/mm/yyyy.
- Indicate FULL position titles and COMPLETE NAME of department/agency/office/company. DO NOT ABBREVIATE.
- Indicate status of employment (e.g. permanent, temporary, casual, contractual)
- Indicate "yes" under government service if position held is in the public or government employment or "no" if held in the private employment.
- Additional sheet for work experience should be accomplished and submitted together with the PDS in case of application to a vacant position. This should be accomplished only for work experience relevant to the position being applied to.

VI. Voluntary Work or Involvement in Civic/Non-Government/People/Voluntary Organizations

- Indicate the FULL name and address of the organization where involved as voluntary worker.
- Inclusive dates, start (from) and end (to) should be in numeric format: dd/mm/yyyy.
- Indicate the number of hours of voluntary work rendered.
- Indicate the position/nature of voluntary work rendered.

VII. Learning and Development Interventions

- Indicate FULL titles of learning and development (L&D) interventions attended during employment. Indicate list from the most recent L&D.
- Inclusive dates of attendance, start (from) and end (to) should be in numeric format: dd/mm/yyyy.
- Indicate the number of hours attended for program.
- Indicate the type of L&D intervention (e.g. managerial, supervisory, technical).
- Indicate the FULL name of institution/agency that conducted or sponsored the program. DO NOT ABBREVIATE. (e.g. CSC should be Civil Service Commission).

VIII. Other Information

- Indicate special skills /hobbies.
- Indicate in FULL non-academic distinctions/recognition (awards received)
- Indicate membership in any professional association/organization by writing in FULL said association/organization.

34-40

- Indicate response to questions 34 to 40 on the right side of the sheet.
- Provide details or specifications for any yes response.

41

- Indicate the FULL name of references with the format FIRST NAME, MI, SURNAME, their office or residential addresses and respective contact numbers (mobile and/or landline) and/or email addresses.

42

- As agreement to and for completion of the PDS, the employee's signature and right thumb mark (for those who are unable to sign) should be affixed in the boxes provided. Indicate also the government ID number and date of issuance in the boxes provided. Lastly, attach a passport-sized ID or unfiltered digital picture (4.5 cm. x 3.5 cm) taken within the last six (6) months.

SWORN STATEMENT OF ASSETS, LIABILITIES, AND NET WORTH

(As required by R.A. No. 6713)

COMPLIANCE FOR:

☐ Assumption of office as of _____ ☐ Annual filing as of December 31, _____ ☐ Exit as of _____

DECLARANT:

(Family Name) (First Name) (M.I.)

POSITION:

AGENCY/OFFICE:

OFFICE ADDRESS:

SPOUSE:

(Family Name) (First Name) (M.I.)

POSITION:

AGENCY/OFFICE:

OFFICE ADDRESS:

SPOUSES, WHO ARE BOTH PUBLIC OFFICIALS OR EMPLOYEES, MAY FILE THE SALN JOINTLY OR SEPARATELY.
THE DECLARANT SHALL CHECK THE APPROPRIATE BOX

☐ Joint Filing ☐ Separate Filing ☐ Not Applicable

IF WITH MULTIPLE MARRIAGES, INDICATE NAME(S) OF SPOUSES, OTHERWISE CHECK THE "NOT APPLICABLE" BOX.

☐ Not Applicable

UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD

NAME OF CHILD

AGE

ASSETS, LIABILITIES AND NETWORTH¹¹

(Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household.¹²)

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, if available)		YEAR	MODE	

Subtotal:

b. Personal Properties

DESCRIPTION	ACQUISITION YEAR	ACQUISITION COST/ AMOUNT

Subtotal:

TOTAL ASSETS:

2. LIABILITIES

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE

TOTAL LIABILITIES: _____

NET WORTH: Total Assets less Total Liabilities = _____

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 Inscr²)☐ 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
 Government Issued ID: _____
 ID No.: _____
 Date Issued: _____

Signature of Declarant
 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)¹ Position, Agency, and Address shall only be declared if the spouse is a public official or employee.² Additional sheets may be used by the declarant, if necessary.³ Capital or paraphernal assets, and liabilities of the declarant's spouse, and properties of children below 18 years of age and living in the declarant's household shall be disclosed using the additional sheets provided.⁴ *Balae* refers to the parent of one's son or daughter-in-law; *Bilas* refers to a brother-in-law's wife or sister-in-law's husband; *Inscr* refers to the appellation for the wife of an elder brother or male cousin.

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of _____
 (Additional sheet/s for the declarant)

NAME: _____ POSITION: _____
 (Family Name) (First Name) (M.I.) AGENCY/OFFICE: _____

ASSETS, LIABILITIES AND NET WORTH

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	ACQUISITION YEAR	ACQUISITION COST/ AMOUNT

Subtotal: _____

TOTAL ASSETS: _____

2. LIABILITIES

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE

TOTAL LIABILITIES: _____

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION

STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of _____

(Additional sheet/s for the exclusive properties of the declarant's spouse and unmarried children
below eighteen (18) years of age living in declarant's household)

NAME:

(Family Name)

(First Name)

(M.I.)

POSITION:

AGENCY/OFFICE:

ASSETS, LIABILITIES AND NET WORTH**1. ASSETS****a. Real Properties**

DESCRIPTION (e.g. lot, house and lot, condominium and improvements)	KIND (e.g. residential, commercial, industrial, agricultural and mixed use)	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			(As found in the Tax Declaration of Real Property)		YEAR	MODE	

b. Personal Properties

DESCRIPTION	ACQUISITION YEAR	ACQUISITION COST/ AMOUNT

2. LIABILITIES

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION