

d. Liabilities (as of the statement date)

Description	Approximate Amount

9. Other information that may be useful or relevant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I solemnly declare that the information I have given in this declaration is, to the best of my knowledge, true and complete:

Signature of officer: \_\_\_\_\_  
 Date: \_\_\_\_\_

Witness:  
 Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_



REPUBLIC OF KENYA

**PUBLIC SERVICE COMMISSION OF KENYA**

**Declaration of Income, Assets & Liabilities  
 (The Public Officer Ethics Act, 2003)**

1. Name of the Public Officer  
 \_\_\_\_\_  
 (Surname) (First Name) (Other Names)
  
2. Birth Information  
 a. Date of Birth: \_\_\_\_\_  
 b. Place of Birth: \_\_\_\_\_
  
3. Marital Status: \_\_\_\_\_
  
4. Address  
 a. Postal Address: \_\_\_\_\_  
 b. Physical Address: \_\_\_\_\_
  
5. Employment Information  
 a. Employment No. \_\_\_\_\_  
 b. Designation \_\_\_\_\_  
 c. Name of Employer \_\_\_\_\_  
 d. Nature of Employment (Permanent, Temporary, Contract, etc)  
 \_\_\_\_\_

