

**MEMORANDUM**

**TO** : All Officials and Employees  
DSWD, Field Office IX

**FROM** : **ATTY. SITTIE RAIFAH M. PAMALOY-HASSAN**  
OIC – Regional director  
This Office

**SUBJECT** : **Filing of Sworn Statement of Assets, Liabilities and Net Worth (SALN)**  
**for CY 2021**

**DATE** : **January 6, 2022**

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In compliance to **Republic Act No. 6713**, otherwise known as the Code of Conduct and Ethical Standards for Public Officials and Employees, all DSWD officials and employees are required to file, under oath, their Statement of Assets, Liabilities and Net Worth (SALN) and Disclosure of Business Interests and Financial Connections, of every year thereafter.

Relative to this, attached herewith is the sample SALN form (Revised SALN Form as of January 2015), as provided under CSC Memorandum Circular No. 3, series of 2015. An editable SALN form and sample accomplished SALN form are downloadable from the CSC website <http://csc.gov.ph/2014-02-21-08-28-23/pdf-files/category/193-statement-of-assets,-liabilities,-and-net-worth-saln-form-for-the-year-2012-and-onwards.html>.

In addition, SALN must be accomplished in three (3) copies, all originally signed, and swear before the officer authorized to administer oath. Everyone is therefore enjoined to properly and accurately accomplish their SALN. For joint filers, please ensure that both spouses shall affix their corresponding signatories.

Deadline for submission to FO IX-Personnel Administration Section (PAS) will be on **February 28, 2022**, to give ample time for the Review and Compliance Committee, for review and consolidation prior to the submission to CSC, Office of the Ombudsman and Central Office.

Failure to file the SALN on said deadline is subject to the following penalties: *Suspension of one (1) month and one (1) day to six (6) months for first offence; and dismissal from the service for the second offence, respectively.*

For strict compliance.



**ATTY. SITTIE RAIFAH M. PAMALOY-HASSAN**





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

**POSITION:**  
**AGENCY/OFFICE:** \_\_\_\_\_  
**OFFICE ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPOUSE:**  
(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
					YEAR	MODE	
			(As found in the Tax Declaration of Real Property)				

Subtotal: \_\_\_\_\_

b. Personal Properties\*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT

Subtotal : \_\_\_\_\_

TOTAL ASSETS (a+b): \_\_\_\_\_



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 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)  
  
Government Issued ID: \_\_\_\_\_  
ID No.: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Co-Declarant/ Spouse)  
  
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.

RIDUAN P. HADJIMUDDIN  
ARDA  
(Person Administering Oath)