



Republic of the Philippines
Department of Education
REGION X
SCHOOLS DIVISION OF LANA O DEL NORTE



February 22, 2024

DIVISION MEMORANDUM

No. 095, s. 2024

**SUBMISSION OF STATEMENT OF ASSETS, LIABILITIES, AND NET WORTH (SALN)
FOR DECEMBER 31, 2023**

To: **Assistant Schools Division Superintendent**
Division Chief (CID and SGOD)
Elementary and Secondary School Heads
Administrative Officer V (Administrative Services)
Teaching and Non-Teaching Personnel
This Division

1. Republic Act 6713, "A Code of Conduct and Ethical Standards for Public Officials and Employees", provides that "Public officials and employees have an obligation to accomplish and submit declarations under oath of, and the public has the right to know, their assets, liabilities, net worth and financial and business interests including those of their spouses and of unmarried children under eighteen (18) years of age living in their households", in compliance thereof, all concerned DepED LDN personnel are hereby directed to submit their Statement of Assets, Liabilities and Net worth (SALN).

2. Prescribed forms and number of copies to be accomplished:

a. Duly accomplished Statement of Assets, Liabilities and Net Worth (Revised January 2015) in Four (4) **long size bond paper, all original.**

- 1- copy for Administering Oath
- 1- copy for Ombudsman
- 1- copy for School 201 File
- 1- copy for Personal File

For joint filing also prepare Five (5) original copies

Note:

- Accomplishment of the SALN form must be handwritten or computerized, if handwritten, handwriting must be legible.
- Use black ballpen only.
- If married, the husband and wife must sign even if the spouse is not employed.
- Attach justification letter if the spouse cannot sign.



Address: Pigcarangan, Tubod, Lanao del Norte
Telephone No.: [063] 341-51-09



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- All information must be supplied. Otherwise, "Not Applicable" or "N/A" must be indicated in the space provided.
- Strictly **NO ERASURE**.

b. **Form A:** Summary List of Filers in alphabetical order in Two (2) copies.

c. **Form B:** Certification that the SALN's submitted/included in the Summary List of Filers were reviewed and found compliant by the School Review and Compliance Committee in Two (2) copies.

d. **Form C:** Certification of Officials/employees who failed to submit their SALN for 2023 duly notarized in Two (2) copies **all original**.

3. Procedures on the submission of SALN:

a. Send the **softcopy in excel format** to this email: **saln.hrmoldn@gmail.com** the following:

a.1. Summary List of Filers (Form A).

a.2. Certification that the SALNs submitted/included in the Summary List of Filers were reviewed and found compliant by the School Review and Compliance Committee (Form B).

a.3. Certification of Officials/employees who failed to submit their SALN (Form C) only for consolidation.

b. Submit to this Office the copy of uploaded and signed Form A, B, and C together with the Duly Notarized SALN in two (2) separate white folders by school to Division Personnel Section.

c. Please be reminded that only the **DULY NOTARIZED SALN** with uploaded forms shall be accepted for consolidation.

d. Deadline of Submission of softcopy and hardcopy is on **March 15, 2024**.

4. This Office directs the immediate and wide dissemination of this Memorandum.

EDWIN R. MARIBOJOC, CESO V
S. Schools Division Superintendent

Encl.: None

Reference: As stated

*To be indicated in the Perpetual Index
Under the following subjects:*

STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

DTT/DM – Submission of Statement of Assets, Liabilities and Net Worth

Form A.

<Name of Agency>
Summary List of Filers
Statement of Assets, Liabilities and Networth
Calendar Year _____

No.	NAME OF EMPLOYEE			TIN	POSITION	NET WORTH
	Lastname	Firstname	Middlename			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total Number of Filers: _____
Total Number of Personnel Comple adiffa _____

Prepared by: _____

Noted by: _____

<Name and Signature>
Person In-charge of SALN

<Name and Signature>
Head of Agency

Position: _____
Email Address: _____
Contact No.: _____

Position: _____
Mailing Address: _____
Contact No.: _____

Date: _____

Date: _____

<Name of Agency>
Summary List of Filers
Statement of Assets, Liabilities and Networth
Calendar Year _____

CERTIFICATION

This is to certify that the SALNs submitted/ included in the Summary List of Filers were reviewed and found compliant by the Review and Compliance Committee of this Office.

Further, the review were made in accordance with the review and compliance procedure in filing and submission of SALNs pursuant to CSC Memorandum Circular No. 10, s. 2006 (as amended by CSC Resolution No. 1300455 promulgated on March 04, 2013).

Issued on _____.

Name and Signature
Chairperson

Name and Signature
Member

Name and Signature
Member

Department of Education Division of Lanao del Norte
Summary Officials/Employees Failed To Submit SALN
Statement of Assets, Liabilities and Networth
 Calendar Year _____

CERTIFICATION

This is to certify that the following officials/employees in _____ School _____ District _____ failed to

submit their/her/his Statement of Assets and Liabilities and Networth (SALN) for December 31, 2021.

Issued on _____

No.	Name	Position

Name and Signature
Chairperson

Name and Signature
Member

Name and Signature
Member

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.)

POSITION:

ADDRESS:

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
			<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.

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)

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.

(Person Administering Oath)