



OFFICE OF THE DIRECTOR OF PUBLIC OFFICERS' DECLARATIONS

SECOND SCHEDULE

(s. 14 (2))¹

DECLARATION OF ASSETS, LIABILITIES AND BUSINESS INTERESTS

INITIAL DECLARATION FORM²

1. PERSONAL PARTICULARS:

(a) Surname:

(b) Other Names:

(c) Date of Birth:

(d) Place of Work:

(e) Present Grade/Position:

(f) Date of Appointment/Election:

¹ This Declaration Form for Listed Public Officers is provided under s. 14 (2) of the Public Officers (Declaration of Assets, Liabilities and Business Interests) Act, 2013.

² If any of the spaces provided is not adequate to record all the information, supplementary declarations may be made by making and completing a copy of the relevant page and annexing it to this Form. The photocopies should, however, not be altered in any way (e.g. headings, including their numbering; page numbers; or column titles).

2. HOUSES IN THE OFFICER'S NAME:

<i>No.</i>	<i>Location</i>	<i>Plot No. Address/Town</i>	<i>Year Built or Purchased</i>	<i>Actual/ Estimated Cost</i>	<i>Source of Finance</i>

3. HOUSES IN THE NAME OF MEMBERS OF THE IMMEDIATE FAMILY:

<i>No.</i>	<i>Location</i>	<i>Plot No. Address/Town</i>	<i>Year Built or Purchased</i>	<i>Actual/ Estimated Cost</i>	<i>Source of Finance</i>	<i>Registered Owner</i>

4. PLOTS IN THE OFFICER’S NAME:

No.	Plot No. Address Town and	Source and Date Acquired	Cost Purchase of	Stage of Development	Cost of Development	Source of Finance

5. PLOTS OWNED BY MEMBERS OF IMMEDIATE FAMILY:

No.	<i>Plot No. Address Town</i>	<i>and</i>	<i>Source and Date Acquired</i>	<i>Cost of Purchase</i>	<i>of</i>	<i>Stage of Development</i>	<i>Cost of Development</i>	<i>Source of Finance</i>	<i>Registered Owner</i>

6. PLANT AND MOTOR VEHICLES IN THE OFFICER’S NAME:
State the number of vehicles owned within the last twenty-four months:

No.	Type and Make	Registration Number	Price Paid	Date Acquired	Current Status (i.e. sold or being used)	Source of Finance

7. PLANT AND MOTOR VEHICLE IN THE NAME OF MEMBER OF IMMEDIATE FAMILY:

State vehicles owned within the last twenty-four months:

<i>No.</i>	<i>Type and Make</i>	<i>Registration Number</i>	<i>Price Paid</i>	<i>Date Acquired</i>	<i>Current Status (i.e. sold or being used)</i>	<i>Source of Finance</i>	<i>Registered Owner</i>

8. JOINTLY OWNED ASSETS (WITH MEMBERS OF IMMEDIATE FAMILY, AGENT, CLOSE ASSOCIATE):
 State vehicles owned within the last twenty-four months:

<i>No.</i>	<i>Type and Make</i>	<i>Registration Number</i>	<i>Price Paid</i>	<i>Date Acquired</i>	<i>Current Status (i.e. sold or being used)</i>	<i>Source of Finance</i>	<i>Partner</i>

9. OTHER ASSETS/PROPERTY

<i>No.</i>	<i>Description</i>	<i>Cost</i>	<i>Date Acquired</i>	<i>Current Status (i.e. sold or being used)</i>	<i>Source of Finance</i>	<i>Registered Owner</i>

10. OTHER INCOME:

(a) Company Shares Owned by the Officer:

No.	Number and Details of Shares	Price Paid	Date Acquired	Current Status (i.e. sold or being used)	Source of Finance	Estimated Current Value

(b) COMPANY SHARES OWNED BY MEMBERS OF IMMEDIATE FAMILY:

<i>No.</i>	<i>Number and Details of Shares</i>	<i>Registered Owner</i>	<i>Price Paid</i>	<i>Date Acquired</i>	<i>Current Status (i.e. sold or being used)</i>	<i>Source of Finance</i>	<i>Estimated Current Value</i>

(c) STOCKS, BONDS AND TREASURY BILLS OWNED BY OFFICER:

No.	Number and Details of Shares	Price Paid	Date Acquired	Current Status (i.e. sold or being used)	Source of Finance	Estimated Value	Current

(d) STOCKS, BONDS AND TREASURY BILLS OWNED BY MEMBERS OF IMMEDIATE FAMILY:

<i>No.</i>	<i>Number and Details of Shares</i>	<i>Registered Owner</i>	<i>Price Paid</i>	<i>Date Acquired</i>	<i>Current Status (i.e. sold or being used)</i>	<i>Source of Finance</i>	<i>Estimated Value</i>	<i>Current</i>

(e) INSURANCE POLICIES OWNED BY OFFICER:

<i>No.</i>	<i>Number and Details of Insurance Policies</i>	<i>Price Paid</i>	<i>Date Acquired</i>	<i>Current Status (i.e. sold or being used)</i>	<i>Source of Finance</i>	<i>Estimated Value</i>	<i>Current</i>

11. OTHER SOURCES OF INCOME:

(a) Have you in the last twelve months received income from other sources, e.g. dividends, share bonuses, etc?

YES or NO (delete whichever does not apply)

(b) If YES, how many..... please give details below:

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Total Value:

12. (a) BANK ACCOUNT OWNED BY OFFICER:

No.	<i>Bank/Savings Bank/SACCO</i>	<i>Type of Account</i>	<i>Account Number</i>	<i>Balance</i>

12. (b) BANK ACCOUNTS OWNED BY MEMBERS OF IMMEDIATE FAMILY:

No.	Bank/Savings Bank/SACCO	Type of Account	Account Number	Registered Owner	Balance

13. ASSETS IN OTHER NAMES:

(a) Do you or any member of your immediate family have any assets in other name other than in your own or in the name of a member of immediate family e.g. close associate, agent?

YES or NO (delete whichever does not apply)

If YES, how manyPlease give details below:

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(b) Do you or any member of your immediate family have any assets jointly owned with another person other than a member of immediate family, e.g., close associate, relative or agent?

YES or NO (delete whichever does not apply)

If YES, how manyplease give details below:

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(c) Have you or any member of your immediate family financed assets but which are in the name of other people other than a member of immediate family, e.g., close associates, agents or relatives?

YES or NO (delete whichever does not apply)

If YES, how manyplease five details below:

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(ii) Debts in favour of immediate family:

Short-Term:

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14. LIABILITIES:

(a) Do you or a member of your immediate family have any liabilities?

YES or NO (delete whichever does not apply)

IF yes, please give details as follows-

(i) Liabilities against the Officer

Short-Term:

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(ii) Liabilities against a member of immediate family:

Short-Term:

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15. BUSINESS INTERESTS:

(a) Do you have any business interest?

YES or NO (delete whichever does not apply)

If YES, please give details as follows-

(i) Those owned by the Officer:

<i>No.</i>	<i>Nature of Business</i>	<i>Source of Funding</i>	<i>Partners</i>	<i>Estimated Income/Year</i>

(ii) Those owned by members of immediate family:

<i>No.</i>	<i>Nature of Business</i>	<i>Source of Funding</i>	<i>Partners</i>	<i>Estimated Income/Year</i>

(iii) Those owned by close associates or agents:

<i>No.</i>	<i>Nature of Business</i>	<i>Source of Funding</i>	<i>Partners</i>	<i>Estimated Income/Year</i>

(b) Are you affiliated in any way with any other institution, organisation or entity, whether or not you derive income or assets from such affiliation?

YES or NO (delete whichever does not apply)
 If YES, please give details as follows-

No.	Name of Institution, Organisation or Entity	Nature of Affiliation	Estimated Income/Year (if any)	Period of Affiliation

DECLARATION

- (a) I declare that the information I have provided above is a correct account of my situation with regard to assets, liabilities and business interests that could be attributed to my name;
- (b) I have no objection to the Director verifying the above information;
- (c) I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths, Affirmations and Declaration Act.

Declared at.....
this.....
day of.....

}
}
} **Signature of the Public Officer**

Before me:
Commissioner for Oaths

FOR THE DIRECTOR'S USE ONLY

Received by:
Signature:
Title:
Date: