

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: \_\_\_\_\_

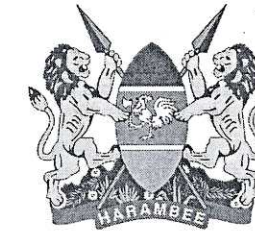
Date: \_\_\_\_\_

Witness:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_



REPUBLIC OF KENYA

### COMMISSION FOR UNIVERSITY EDUCATION

#### 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) \_\_\_\_\_

