

Republic of the Philippines
CIVIL SERVICE COMMISSION
 Integrated Records Management Office

REQUEST FOR STATEMENT OF ASSETS, LIABILITIES AND NETWORTH (SALN)

Requesting Party: _____ Nationality: _____
Surname First Name Middle Name

Residential Address: _____
(House No. Street, Village/Subd., Barangay, Municipality/City, Province)

Company/School: _____ Address: _____

Contact Nos.: 1) _____ 2) _____ 3) _____
(Residence) (Office/School) (Mobile)

Requested SALNS:

Name of Declarant	Office/Agency of Declarant	SALN Year

Specific Purpose/s: _____

I certify that my personal information provided above are true and correct.

 Signature of Requesting Party Date

This portion shall be accomplished by the Processor:

Required IDs Presented (at least two):

- | | | |
|--|--|---|
| <input type="checkbox"/> GSIS/SSS ID # _____ | <input type="checkbox"/> PRC ID # _____ | <input type="checkbox"/> Senior Citizens ID # _____ |
| <input type="checkbox"/> TIN/Pag-Ibig/Philhealth ID # _____ | <input type="checkbox"/> IBP ID # _____ | <input type="checkbox"/> Current School ID # _____ |
| <input type="checkbox"/> Passport # _____ | <input type="checkbox"/> Voter's ID # _____ | <input type="checkbox"/> UMID (Unified Multipurpose Identification) # _____ |
| <input type="checkbox"/> Driver's License # _____ | <input type="checkbox"/> Current Office ID # _____ | <input type="checkbox"/> NBI Clearance/ID # _____ |
| <input type="checkbox"/> Endorsement Letter of Dean/Secretary/Organization | | |

Requested SALNs are available Requested SALNs are not available

Processed by: _____ Recommendation: Approval
(Printed Name & Signature) Disapproval/Reason _____

ACTION TAKEN

Approved/Disapproved by: _____
(Printed Name & Signature)

Number of SALNs _____ Amount Paid _____ OR # _____ date _____

Released by: _____ Received by: _____
(Printed Name & Signature) (Printed Name & Signature)

NOTES: - Cost per SALN Php30.00
 - Except for Name, Other Personal Information of the Declarant will be blackened.