

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

LAIKIPIA COUNTY PUBLIC SERVICE BOARD

DECLARATION OF INCOME, ASSETS AND LIABILITIES

(Section 26 of the Public Officer Ethics Act, No. 4 of 2003)

1. Name of Public Officer

(Surname) (First name) (Other names)

2. Birth information

Date of birth: _____

Place of birth: _____

3. Marital status: _____

4. Address

Postal address: _____

Physical address: _____

5. Employment information

Employment Number: _____

Designation: _____

Name of Employer: _____

Nature of employment (permanent, temporary, contract, etc.):
