



MEMORANDUM

Office Order No. *016/m*  
Series of 2018

CERTIFIED COPY

TO : ALL REGIONAL SECRETARIES, HEADS OF AGENCIES  
BUREAUS AND OFFICES  
AUTONOMOUS REGION IN MUSLIM MINDANAO

SUBJECT : COMPLIANCE TO SALN FOR FY 2017

DATE : 8 January 2018

1. In view of the forthcoming deadline on filing of SALN for FY 2017, you are hereby enjoined to direct all your qualified employees to submit their duly accomplished and notarized SALN to the Office of the Regional Governor thru the Administrative Management Service (AMS) on or before **March 31, 2018**.
2. The SALN Review Committee of your agency shall ensure the correctness of entries and that the following Forms required by the Ombudsman are duly accomplished and signed by the Head of Office, to wit:
  - a) Attachment A - Summary List of Filers
  - b) Attachment B - Certification from the Review Committee
  - c) Attachment C - Certification of Failed to Submit
3. Please be advised further to submit the said SALN in (3) original copies, duly notarized, each copy bearing the **original signature of the filer and the spouse**.

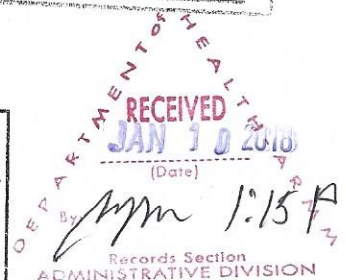
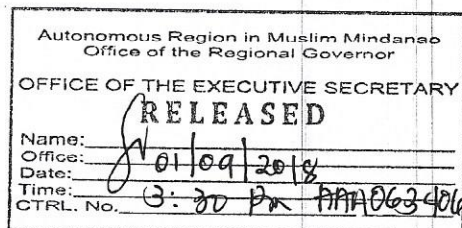
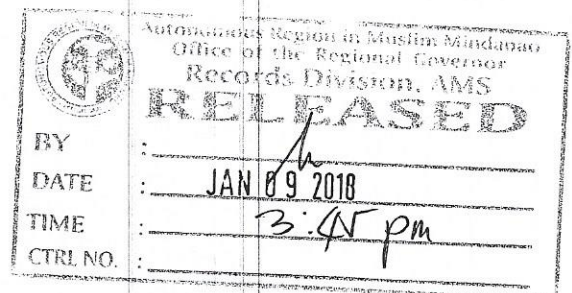
For strict compliance.

BY AUTHORITY OF THE REGIONAL GOVERNOR  
HON. MUJIV S. HATAMAN

*[Signature]*  
ATTY. LAISA MASUHUD ALAMIA  
Executive Secretary

Encl.a/s

ORG-ARMM RD-AMS  
AAA063406



"Matuwid na Pamamahala Tungo sa ARMM na Masagana't Mapayapa"

Attachment A

< NAME OF AGENCY >

Summary List of Filers

Statement of Assets, Liabilities and Net Worth

Calendar Year 20 \_\_\_\_\_

No.	NAME OF EMPLOYEE (in Alphabetical Order)			TIN	Position	Net Worth	If spouse is with government service, PLEASE INDICATE NAME OF SPOUSE / EMPLOYER / ADDRESS	Please check (✓) if Joint Filing
	Last Name	First Name	Middle Name					
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Total Number of Filers: \_\_\_\_\_

Total Number of Personnel Complement: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Noted by: \_\_\_\_\_

(Name and Signature)

Chief/Head of Personnel Division/Administrative Division/HRMO

(Name and Signature)

Head of Agency

Position: \_\_\_\_\_

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

Contact No.: \_\_\_\_\_

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

Position: \_\_\_\_\_

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

Contact No.: \_\_\_\_\_

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

**Attachment B**

**<NAME OF AGENCY>**

Summary List of Filers  
Statement of Assets, Liabilities and Net Worth  
Calendar Year 20\_\_\_\_

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

Issued on \_\_\_\_\_, 20\_\_\_\_\_.

Name and Signature

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Chairperson

Name and Signature

-----  
Member

Name and Signature

-----  
Member



<AGENCY LETTER HEAD>

CERTIFICATION

This is to certify that the following officials/employees of this Office have FAILED to submit their Statement of Assets, Liabilities and Net Worth and Disclosure of Business Interest and Financial Connections for the year \_\_\_\_\_ as required under Section 8 of Republic Act No. 6713 as implemented by Memorandum Circular issued by the Office of the Ombudsman on June 21, 1995.

Name of Official / Employee (in Alphabetical Order)	Designation / Position	Remarks
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- 1.
- 2.
- 3.

This certification is being issued for whatever legal purpose it may serve.

\_\_\_\_\_  
Place and Date of Issuance

\_\_\_\_\_  
Administrative/Personnel Head

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_.

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:

ADDRESS:

SPOUSE:

(Family Name)

(First Name)

(M.I.)

POSITION:

AGENCY/OFFICE:

OFFICE ADDRESS:

(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
			(As found in the Tax Declaration of Real Property)		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.