

SCHEDULE 1

Declaration Form for Persons Appointed Under Paragraphs 1, 2, 3, 4, 5, 9 or 10 of Schedule 1 to the Law, 2014 (Standards in Public Life Law, 2014)

Failure to submit a declaration, making of a false declaration, or refusal to provide requested information (without reasonable cause) may render persons in public life liable to penalties ranging from \$100 for each day in default to, on summary conviction, a fine of \$10,000 or to imprisonment for a term of two years, or to both.

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

PART 1 - PERSONAL DETAILS

(Please write in BLOCK CAPITALS)

The details included in this Part will only be used by the Commission for direct communication with you in relation to your submissions and requirements under the SPL Law as a person in public life.

NAME OF DECLARANT

Last Name, Middle Name, First Name

PHYSICAL ADDRESS

House/Apt. Number, Street Name, District

MAILING ADDRESS

PO BOX

POSTAL CODE

KY

EMAIL ADDRESS

HOME PHONE

MOBILE PHONE

WORK PHONE

MARITAL STATUS

SINGLE

MARRIED

SEPARATED

DIVORCED

WIDOWED

DECLARANT'S INITIALS

PART 2 - APPOINTMENT DETAILS

NAME OF DECLARANT

Last Name, Middle Name, First Name

PUBLIC OFFICE

Title and the relevant Department/Ministry/Portfolio/Statutory Authority/ Government Company/Constituency

DATE OF APPOINTMENT TO CURRENT POSITION

Day/Month/Year

DATE WHEN CURRENT TERM OR CONTRACT ENDS

Day/Month/Year

LENGTH OF APPOINTMENT

OR IN THE CASE OF A CANDIDATE FOR ELECTION TO THE LEGISLATIVE ASSEMBLY

NAME OF DECLARANT

Last Name, Middle Name, First Name

ELECTORAL DISTRICT

PART 3 - TYPE OF DECLARATION

I hereby submit the following declaration (check one):

- My interests, income, assets and liabilities for the year ended 30 June 20 .
- As a candidate for election to the Legislative Assembly.
- Due to a change occurring within the past thirty (30) days to my interests, income, assets and liabilities for the year ended 30 June 20 .
- Having assumed the functions of an office within the past ninety (90) days.

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PART 4 - DETAILS OF CONNECTED PERSONS (INCLUDING IMMEDIATE FAMILY)

The definition for “connected persons” and “immediate family” are found in the Definitions section of the Instructions. As a reminder please note:

- In completing each section in this part, Declarants are reminded that they must include details in relation to himself or herself and any members of the Declarant’s immediate family.
- In accordance with section 12(2) of the SPL Law, Declarants must state details of any connected person in each of the relevant sections where either the Declarant holds property or manages anything on behalf of any connected person, or vice versa. The Declarant is not required to disclose the terms on which the property is held.
- Where the spouse or a dependant of a Declarant under section 11 of the SPL Law has not been residing in the same household as the Declarant for a continuous period of three months immediately preceding the filing of the declaration, the Declarant may limit the details to be included under section 12 of the SPL Law to such assets held by the spouse or the dependant in trust for or as the agent of the Declarant.

CONNECTED PERSON NUMBER 1

Last Name, Middle Name, First Name

DETAILS OF CONNECTION

Spouse, Child, Partner, etc.

CONNECTED PERSON NUMBER 2

Last Name, Middle Name, First Name

DETAILS OF CONNECTION

Spouse, Child, Partner, etc.

CONNECTED PERSON NUMBER 3

Last Name, Middle Name, First Name

DETAILS OF CONNECTION

Spouse, Child, Partner, etc.

CONNECTED PERSON NUMBER 4

Last Name, Middle Name, First Name

DETAILS OF CONNECTION

Spouse, Child, Partner, etc.

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PART 5 - STATEMENT OF INTERESTS, INCOME, ASSETS AND LIABILITIES

The following information is provided pursuant to section 12(1) of the Standards in Public Life Law, 2014. In completing these sections regard **MUST** be had for the instructions given to Declarants in Part 4 (on page 3).

(A) SHAREHOLDING/DIRECTORSHIP	(A) I AND/OR CONNECTED PERSON # [] HOLD SHAREHOLDINGS AND DIRECTORSHIPS IN THE FOLLOWING COMPANIES AND OTHER CORPORATE BODIES:		SHAREHOLDER	<input type="checkbox"/>
	NAME OF COMPANY OR CORPORATE BODY	[]	DIRECTOR	<input type="checkbox"/>
	ADDRESS	[]		
	NAME OF COMPANY OR CORPORATE BODY	[]	SHAREHOLDER	<input type="checkbox"/>
	ADDRESS	[]		
	NAME OF COMPANY OR CORPORATE BODY	[]	DIRECTOR	<input type="checkbox"/>
	ADDRESS	[]		
	NAME OF COMPANY OR CORPORATE BODY	[]	SHAREHOLDER	<input type="checkbox"/>
	ADDRESS	[]		
	OTHER RELEVANT DETAILS	[]		
	[]	[]		
	[]	[]		

(B) CONTRACTS	(B) I AND/OR CONNECTED PERSON # [] HAVE CONTRACTS WITH THE FOLLOWING PUBLIC ENTITIES:		
	NAME OF PUBLIC ENTITY	[]	DATE OF CONTRACT Day/Month/Year
	BRIEF PARTICULARS OF RIGHTS AND OBLIGATIONS UNDER THE CONTRACT		
	[]		
	[]		
	NAME OF PUBLIC ENTITY	[]	DATE OF CONTRACT Day/Month/Year
	BRIEF PARTICULARS OF RIGHTS AND OBLIGATIONS UNDER THE CONTRACT		
	[]		
	[]		
NAME OF PUBLIC ENTITY	[]	DATE OF CONTRACT Day/Month/Year	
BRIEF PARTICULARS OF RIGHTS AND OBLIGATIONS UNDER THE CONTRACT			
[]			
[]			

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(C) COMPANIES, PARTNERSHIPS & ASSOCIATIONS	(C) I AND/OR CONNECTED PERSON # [] HAVE INVESTED MONEY IN THE FOLLOWING COMPANIES, PARTNERSHIPS OR ASSOCIATIONS:		
	NAME OF COMPANY/ PARTNERSHIP/ ASSOCIATION		
	ADDRESS		
	NAME OF COMPANY/ PARTNERSHIP/ ASSOCIATION		
	ADDRESS		
	NAME OF COMPANY/ PARTNERSHIP/ ASSOCIATION		
	ADDRESS		
OTHER RELEVANT DETAILS			
(D) TRUSTS	(D) I AND/OR CONNECTED PERSON # [] AM A TRUSTEE OR BENEFICIARY OF THE FOLLOWING TRUSTS:		
	NAME OF TRUST		POSITION HELD <small>Trustee, Beneficiary, etc.</small>
	BENEFICIARY OF THE TRUST	<small>Spouse, Child, Partner, etc.</small>	
	NAME OF TRUST		POSITION HELD <small>Trustee, Beneficiary, etc.</small>
	BENEFICIARY OF THE TRUST	<small>Spouse, Child, Partner, etc.</small>	
	NAME OF TRUST		POSITION HELD <small>Trustee, Beneficiary, etc.</small>
	BENEFICIARY OF THE TRUST	<small>Spouse, Child, Partner, etc.</small>	
(E) LAND OWNERSHIP	(E) I AND/OR CONNECTED PERSON # [] OWN THE FOLLOWING LAND, BENEFICIALLY OR OTHERWISE:		
	PROPRIETORSHIP OF LAND		BLOCK AND PARCEL
	LOCATION		TYPE: SOLE <input type="checkbox"/> JOINT <input type="checkbox"/> IN COMMON <input type="checkbox"/>
	PROPRIETORSHIP OF LAND		BLOCK AND PARCEL
	LOCATION		TYPE: SOLE <input type="checkbox"/> JOINT <input type="checkbox"/> IN COMMON <input type="checkbox"/>
	PROPRIETORSHIP OF LAND		BLOCK AND PARCEL
	LOCATION		TYPE: SOLE <input type="checkbox"/> JOINT <input type="checkbox"/> IN COMMON <input type="checkbox"/>
[]			
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(F) I AND/OR CONNECTED PERSON # [] HOLD AN INTEREST IN THE FOLLOWING INVESTMENT FUNDS:	
(F) INVESTMENT FUNDS	NAME OF THE FUND []
	DOMICILE []
	OTHER RELEVANT DETAILS []
	NAME OF THE FUND []
	DOMICILE []
	OTHER RELEVANT DETAILS []
	NAME OF THE FUND []
	DOMICILE []
	OTHER RELEVANT DETAILS []
(G) I AND/OR CONNECTED PERSON # [] IN ADDITION TO MY SALARY AND OTHER PERQUISITES OF OFFICE, I HAVE THE FOLLOWING SOURCES OF INCOME :	
ADDITIONAL SOURCE []	FREQUENCY []
NATURE OF INCOME []	
ADDITIONAL SOURCE []	FREQUENCY []
NATURE OF INCOME []	
ADDITIONAL SOURCE []	FREQUENCY []
NATURE OF INCOME []	
[] DECLARANT'S INITIALS	

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(H) PECUNIARY INTEREST	<p>(H) I AND/OR CONNECTED PERSON # [] HOLD THE FOLLOWING SUBSTANTIAL PECUNIARY INTEREST OR OTHER INTEREST, AS THE CASE MAY BE, WHICH RAISES OR MAY APPEAR TO RAISE A MATERIAL CONFLICT OF INTEREST:</p>			
	SOURCE	[]		
	CONFLICT	ACTUAL <input type="checkbox"/>	POTENTIAL <input type="checkbox"/>	PERCEIVED <input type="checkbox"/>
	DESCRIBE	[]		
		[]		
		[]		
	SOURCE	[]		
	CONFLICT	ACTUAL <input type="checkbox"/>	POTENTIAL <input type="checkbox"/>	PERCEIVED <input type="checkbox"/>
	DESCRIBE	[]		
		[]		
(I) LOAN(S)	<p>(I) I AND/OR CONNECTED PERSON # [] HAVE THE FOLLOWING LOANS, SECURED OR UNSECURED, FROM INSTITUTIONS OTHER THAN FROM AN INSTITUTION REGULATED UNDER "REGULATED LAWS" AS DEFINED BY SECTION 2 OF THE MONETARY AUTHORITY LAW (2020 REVISION):</p>			
	SOURCE	[]		
	NATURE OF LOAN	[]		
	TERMS	[]		
		[]		
	SOURCE	[]		
	NATURE OF LOAN	[]		
	TERMS	[]		
		[]		
		[]		
<div style="border-bottom: 1px solid black; width: 150px; display: inline-block; margin-right: 10px;"></div> DECLARANT'S INITIALS				

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(J) GIFTS, HOSPITALITY & ENTERTAINMENT	(J) I AND/OR CONNECTED PERSON # [] HAVE RECEIVED HOSPITALITY, GIFTS OR ENTERTAINMENT EACH INSTANCE OF WHICH IS SET OUT BELOW:	
	1. RECEIVED FROM	[] <small>Name of person/entity from whom received</small>
	DESCRIPTION	[]
	VALUE	DATE [] <small>Day/Month/Year</small>
	2. RECEIVED FROM	[] <small>Name of person/entity from whom received</small>
	DESCRIPTION	[]
	VALUE	DATE [] <small>Day/Month/Year</small>
	3. RECEIVED FROM	[] <small>Name of person/entity from whom received</small>
	DESCRIPTION	[]
	VALUE	DATE [] <small>Day/Month/Year</small>

DECLARATION

I DECLARE THAT in this Declaration I have given full particulars, as are known to me, and as are required to be provided in accordance with the *Standards in Public Life Law, 2014*, in respect of the year ended 30th June, 20 []

Dated this [] day of [], 20 []

SIGNATURE OF DECLARANT	[]	SIGNATURE OF WITNESS	[]
FULL NAME OF WITNESS	[] <small>First Name and Last Name</small>		
WITNESS MAILING ADDRESS	PO Box []	WITNESS POSTAL CODE []	KY []
WITNESS PHYSICAL ADDRESS	[] <small>House/Apt. Number, Street Name and District</small>		
WITNESS EMAIL ADDRESS	[]	WITNESS PRIMARY PHONE	[]

NB: Witness must be a Justice of the Peace, Notary Public or a Commissions Secretariat Staff Member.

[]	DECLARANT'S INITIALS
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