

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)*

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 <input type="checkbox"/>	MARRIED <input type="checkbox"/>	SEPARATED <input type="checkbox"/>
		DIVORCED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>

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

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 .
- 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.

DECLARANT'S INITIALS

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.

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

- In accordance with section 12(5) of the SPL Law Declarants shall not be required to include in this declaration any interests, income, assets, and liabilities, unless there is a possible or perceived conflict with the Declarant's functions on the entity to which the person is appointed arising out of such interests, income, assets, and liabilities. Declarations may therefore be "nil" filings but should include a response in each section.
- **In considering whether any such possible or perceived conflicts exist, regard MUST be had for the instructions given to Declarants in Part 4 above.**
- To avoid doubt, any question regarding compliance with this provision shall be determined by the CSPL (in accordance with section 6 of the SPL Law).

DECLARANT'S INITIALS

(A) SHAREHOLDING/DIRECTORSHIP	(A) I AND/OR CONNECTED PERSON # [] HOLD SHAREHOLDINGS AND DIRECTORSHIPS IN THE FOLLOWING COMPANIES AND OTHER CORPORATE BODIES:		
	NAME OF COMPANY OR CORPORATE BODY	[]	SHAREHOLDER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
	ADDRESS	[]	
	NAME OF COMPANY OR CORPORATE BODY	[]	SHAREHOLDER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
	ADDRESS	[]	
	NAME OF COMPANY OR CORPORATE BODY	[]	SHAREHOLDER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
	ADDRESS	[]	
	NAME OF COMPANY OR CORPORATE BODY	[]	SHAREHOLDER <input type="checkbox"/> DIRECTOR <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 [] <small>Day/Month/Year</small>
	BRIEF PARTICULARS OF RIGHTS AND OBLIGATIONS UNDER THE CONTRACT		
	[]		
	[]		
	[]		
	NAME OF PUBLIC ENTITY	[]	DATE OF CONTRACT [] <small>Day/Month/Year</small>
	BRIEF PARTICULARS OF RIGHTS AND OBLIGATIONS UNDER THE CONTRACT		
	[]		
[]			
[]			
NAME OF PUBLIC ENTITY	[]	DATE OF CONTRACT [] <small>Day/Month/Year</small>	
BRIEF PARTICULARS OF RIGHTS AND OBLIGATIONS UNDER THE CONTRACT			
[]			
[]			
[]			

		DECLARANT'S INITIALS
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SCHEDULE 2

Declaration Form for Persons Appointed **Under Paragraphs 6, 7 and 8 of Schedule 1** to the Law, 2014 (Standards in Public Life Law, 2014)

(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

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DECLARANT'S INITIALS

(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 :		
(G) ADDITIONAL SOURCE OF INCOME	ADDITIONAL SOURCE []	FREQUENCY []
	NATURE OF INCOME []	
	ADDITIONAL SOURCE []	FREQUENCY []
	NATURE OF INCOME []	
ADDITIONAL SOURCE []	FREQUENCY []	
NATURE OF INCOME []		
[] DECLARANT'S INITIALS		

SCHEDULE 2

Declaration Form for Persons Appointed Under Paragraphs 6, 7 and 8 of Schedule 1 to the Law, 2014 (Standards in Public Life Law, 2014)

(H) PECUNIARY INTEREST	(H) I AND/OR CONNECTED PERSON # <input style="width: 100px;" type="text"/> 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:			
	SOURCE	<input style="width: 100%; height: 20px;" type="text"/>		
	CONFLICT	ACTUAL <input style="width: 20px;" type="checkbox"/>	POTENTIAL <input style="width: 20px;" type="checkbox"/>	PERCEIVED <input style="width: 20px;" type="checkbox"/>
	DESCRIBE	<input style="width: 100%; height: 20px;" type="text"/>		
		<input style="width: 100%; height: 20px;" type="text"/>		
		<input style="width: 100%; height: 20px;" type="text"/>		
	SOURCE	<input style="width: 100%; height: 20px;" type="text"/>		
	CONFLICT	ACTUAL <input style="width: 20px;" type="checkbox"/>	POTENTIAL <input style="width: 20px;" type="checkbox"/>	PERCEIVED <input style="width: 20px;" type="checkbox"/>
	DESCRIBE	<input style="width: 100%; height: 20px;" type="text"/>		
		<input style="width: 100%; height: 20px;" type="text"/>		
(I) LOAN(S)	(I) I AND/OR CONNECTED PERSON # <input style="width: 100px;" type="text"/> 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):			
	SOURCE	<input style="width: 100%; height: 20px;" type="text"/>		
	NATURE OF LOAN	<input style="width: 100%; height: 20px;" type="text"/>		
	TERMS	<input style="width: 100%; height: 20px;" type="text"/>		
		<input style="width: 100%; height: 20px;" type="text"/>		
	SOURCE	<input style="width: 100%; height: 20px;" type="text"/>		
	NATURE OF LOAN	<input style="width: 100%; height: 20px;" type="text"/>		
	TERMS	<input style="width: 100%; height: 20px;" type="text"/>		
		<input style="width: 100%; height: 20px;" type="text"/>		
<input style="width: 150px; height: 25px;" type="text"/> DECLARANT'S INITIALS				

PART 4 - STATEMENT OF INTERESTS, INCOME, ASSETS AND LIABILITIES (CONTINUED)

(U) 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

First Name and Last Name

WITNESS MAILING ADDRESS

PO Box

WITNESS POSTAL CODE

KY

WITNESS PHYSICAL ADDRESS

House/Apt. Number, Street Name and District

WITNESS EMAIL ADDRESS

WITNESS PRIMARY PHONE

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

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DECLARANT'S INITIALS