

d. Liabilities (as of the statement date)

| Description | Approximate Amount |
|-------------|--------------------|
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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: _____

PSC.2b



REPUBLIC OF KENYA

COMMISSION FOR UNIVERSITY EDUCATION

Declaration of Income, Assets & Liabilities
(The Public Officer Ethics Act, 2003)

1. Name of the Public Officer

(Surname)

(First Name)

(Other Names)

2. Birth Information

a. Date of Birth: _____

b. Place of Birth: _____

3. Marital Status: _____

4. Address

a. Postal Address: _____

b. Physical Address: _____

5. Employment Information

a. Employment No. _____

b. Designation _____

c. Name of Employer _____

d. Nature of Employment (Permanent, Temporary, Contract, etc) _____

