



COUNTY GOVERNMENT OF NYERI
COUNTY PUBLIC SERVICE BOARD

P.O. BOX 90– 10100
Telephone 061 2030700

Declaration of Income, Assets and Liabilities
(The Public Officer Ethics Act, No. 4 of 2003)

1. Name of 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. Designation: _____

b. Name of Employer: _____

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

6. Names of spouse or spouses

(Surname)

(First name)

(Other names)

Horizontal lines for entering names of spouses.

7. Names of dependent children under the age of 18 years.

(Surname)

(First name)

(Other names)

Horizontal lines for entering names of dependent children.

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:.....