

Republic of the Philippines
CIVIL SERVICE COMMISSION
IBP Road, Constitution Hills, Quezon City

**REQUEST FOR COPY OF STATEMENT OF ASSETS, LIABILITIES,
AND NET WORTH (SALN)**

1. Name :			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
2. Address:			
	<i>House No./Block No.</i>	<i>Street</i>	<i>Barangay</i>
	<i>City/Municipality</i>	<i>Province</i>	<i>Postal Code</i>
3. Position Title:			
4. Name of Agency/School:			
5. Address			
	<i>No. and Street</i>	<i>Barangay</i>	<i>City/Municipality</i>
6. Contact Number:			
7. Electronic Mail Address:			
8. Are you the declarant or his/her authorized representative?	☐ Declarant	☐ Authorized representative	☐ Third party

9. Indicate below the details of the SALN being requested:

	Name of Declarant	Office/Agency of Declarant	Year of SALN
1.			
2.			
3.			
4.			

10. Indicate the purpose/s of the request:

1.	
2.	
3.	

11. Valid identification cards presented:

11.1. If requesting on behalf of an agency/organization or school, agency/school ID is required to be presented.

Government-Issued ID		Government-Issued ID		Agency/School ID (if applicable)	
Issuing Agency		Issuing Agency		Issuing Agency	
ID Number		ID Number		ID Number	
Date Issued		Date Issued		Date Issued	
Valid Until		Valid Until		Valid Until	

12. Additional requirements:

12.1. If request is for research purposes:

- ☐ Endorsement letter from the school dean or any official of the organization concerned.

Name of signatory:	
Contact number:	
Email address:	

12.2. If request is made by a representative

- ☐ Authorization letter from declarant
☐ Copy of valid ID of declarant

TO BE ACCOMPLISHED BY PROCESSOR:

☐ SALN/s available	☐ SALN/s not available
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Recommendation:

☐ Approval	☐ Disapproval
Processed by:	REASON/S:

Action taken:

☐ Approved	☐ Disapproved
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Name, Position and Signature

Number of SALN/s	
Amount Paid	
OR Number	
Date	

Released by: _____

Received by: _____

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UNDERTAKING OF REQUESTING PARTY

I, _____, with address at _____ swear
that the copies of the Statement of Assets, Liabilities and Net Worth (SALN) with the following details:

	Name of Declarant	Office/Agency of Declarant	Year of SALN
1.			
2.			
3.			
4.			

shall be used solely for the following purpose/s:

1. _____
2. _____
3. _____

I agree to comply with the following undertakings:

1. I shall not use nor disclose the abovementioned SALN/s for purposes contrary to morals, public policy or commercial purpose/s;
2. I shall not use nor disclose the abovementioned SALN/s for extortion purposes or for any purpose that will endanger the personal safety of the official or employee, and
3. I shall not disclose the name of declarant and its contents, nor lend, show or reproduce a photocopy of the same for distribution to other individuals/groups/organizations;
4. If I violate the terms and conditions of this undertaking, I understand that an action may be filed against me and that as a consequence, the Court may assess a penalty in an amount not to exceed Twenty Five Thousand Pesos (Php 25,000.00) pursuant to Section 11(d) of Republic Act No. 6713 (Code of Conduct and Ethical Standards for Public Officials and Employees). In addition, the Civil Service Commission may separately file a legal action under applicable laws.

Requesting Party

Date