



REPUBLIC OF KENYA

MINISTRY OF INDUSTRIALIZATION AND ENTERPRISE DEVELOPMENT

THE ETHICS COMMISSION FOR CO-OPERATIVE SOCIETIES

Declaration of Income, Assets & Liabilities

(The Public Officer Ethics Acts, 2003)

1. Name of the Public Officer/Employee

(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. A. Employment Information

a. National ID Card No _____

b. Position held in the Society _____

c. Name of the Co-operative Society: _____

d. Registration No. (CS No.) of the Co-operative Society: _____

B. Name other Co-operative Society in which you are an officer on the table below:-

Name of Co-operative Society	Registration No. (CS No.) of the Society	Position held in this Co-operative Society
1.		
2.		
3.		
4.		

6. Name of Spouse or Spouses

(i)	(Surname)	(First Name)	(Other Names)
(ii)	(Surname)	(First Name)	(Other Names)
(iii)	(Surname)	(First Name)	(Other Names)
(iv)	(Surname)	(First Name)	(Other Names)
(v)	(Surname)	(First Name)	(Other Names)

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

(i)	(Surname)	(First Name)	(Other Names)
(ii)	(Surname)	(First Name)	(Other Names)
(iii)	(Surname)	(First Name)	(Other Names)
(iv)	(Surname)	(First Name)	(Other Names)
(v)	(Surname)	(First Name)	(Other Names)
(vi)	(Surname)	(First Name)	(Other Names)

(Other Names)

(A separate statement is required for the officer and each spouse and dependent child under the age of 18 years. Additional sheets should be added as required)

b. Income, including emoluments, for period from

(including, but not limited to, salary and emoluments and income from investments. The period is from the previous statement date to the current statement date. For an initial declaration, the period is the year ending on the statement date.)

Description	Approximate Amount (Ksh.)

c. Assets (as of the statement date)
(including, but not limited to, land, buildings, vehicles, investments and financial obligations owed to the person for whom the statement is made.)

[illegible]

d. Liabilities (as of the statement date)

Description	Approximate Amount (Ksh.)

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/Employee: _____

Date: _____

Witness:

Signature: _____

Name: _____

Address: _____