PSC.2b



PUBLIC SERVICE COMMISSION OF KENYA

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

1.		name)	(First Name)	(Other Names)		
2.	Birth Information					
	(a)	Date of Birth				
	(b)	Place of Birth				
3.	Mari	Marital Status				
4.	Addı	Address				
	(a)	Postal Addres	S			
	(b)	Physical Addr	ess			
5.	Emp	Employment Information				
	(a)	Employment l	No			
	(b)	Designation _				
	(c)	Name of employer				
	(d)	(d) Nature of Employment (Permanent, temporary, contract, etc)				
6.	Nam	e of Spouse or S	pouses			
	(Sur	name)	(First Name)	(Other Names)		
((i)					
	(Surname)		(First Name)	(Other Names)		
((ii)					
	(Surr	name)	(First Name)	(Other Names)		
	(iii) _					
	(Surr	name)	(First Name)	(Other Names)		

(iv)		
(Surname)	(First Name)	(Other Names
(v)		
	nt children under the age of 18	
(Surname)	(First Name)	(Other Names)
(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)	cell	
(Surname)	(First Name)	(Other Names)
(vi)		
(Surname)	(First Name)	(Other Names)
(vii)		
(Surname)	(First Name)	(Other Names)
(viii)		
(Surname)	(First Name)	(Other Names)
(ix)		
(Surname)	(First Name)	(Other Names)
(x)		
Financial Statemen	t for:	
(A separate staten dependent child und as required.)	nent is required for the offic der the age of 18 years. Addition	er and each spouse and nal sheets should be added
(a) Statemen	t Date	
(b) Income, i	ncluding emoluments, for perio	od from
the same of the sa		

(including but not limited to, salary, and emoluments and income 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

(c) Assets (as of statement date)

(Including, but not limited o, land, buildings, vehicles, imvestment and financial obligations owed to the persons for whom the statement is made.)

Approximate Amount
Amount
100000

(a) Liabilities (as of statement date)

Description	Approximate Amount	

12	Vihiga Subsidiary Legislation, 2019
9.	Other information that maybe useful or relevant:
I s of my kr	olemnly declare that the information I have given in this declaration is to the best nowledge, true and complete.
Signatur	e of officer:
Date:	
Witness:	
Signatur	e:
Name: _	
Address:	

CHAIRPERSON Vihiga County Public Service Board.