COUNTY GOVERNMENT OF MOMBASA

MOMBASA COUNTY PUBLIC SERVICE BOARD

Declaration of Income, Assets and Liabilities
(Section 26 of 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: DD ______ MM______________ YY__________
   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 Department: ___________________________________
   d. Nature of employment (permanent, temporary, contract, etc.)
      _______________________________________