COUNTY GOVERNMENT OF NYERI

P.O. BOX 90– 10100
Telephone 061 2030700

COUNTY PUBLIC SERVICE BOARD

Declaration of Income, Assets and Liabilities

(The Conflict of Interest Act, No. 11 of 2025)

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)

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

(Surname) (First name) (Other names)

8. Financial statement for: _____

(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.)

a. Statement date: _____

b. Income, including emoluments, for period from _____ _____ to _____.

(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**

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.)

Description (include location of asset where applicable)	**Approximate value**

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:……..