

FORM 2

DECLARATION OF INCOME, ASSETS AND
LIABILITIES

NAME OF DECLARANT
OFFICE
ADDRESS
NAME OF DEPENDANT(S)
ADDRESS

1. INCOME:

Income received or receivable (state name and address of each source) salary, fees as director or consultant, commission, bonus, dividends, professional fees, rent, gifts in kind or cash and other receipts or transfers.

2. ASSETS:

(a) **Real Property**

Description, and value in the opinion of the declarant, including a copy of the latest valuation thereof, if any, and the purchase price or other consideration for its acquisition (where land and buildings thereon are owned by declarant this should be shown separately from land owned without buildings).

Location:

Rents (state from whether house or land)

(b) **Cash in Bank**

(Identify each Bank separately and state amount)

(c) **Life Insurance Policies**

(Identify each company separately, state annual premiums, cash surrender value of policy and date of maturity).

(d) **Shareholdings in companies and holdings in partnerships and joint ventures**

(List each enterprise separately, the nature of its business and the number of shares held).

(e) **Directorships and partnerships**

(Identify enterprise, nature of its business, date of appointment as director).

