## Form 2

## <u>DECLARATION OF INCOME, ASSETS AND LIABILITIES</u>

| ame of Dod<br>ddress: [ |            |             |              |   |              |         |
|-------------------------|------------|-------------|--------------|---|--------------|---------|
|                         | Address of | spouse and  | l children o | of declarant                              | :            |         |
|                         |            |             |              |   |              |         |
|                         |            |             |              |   |              |         |
|                         |            |             |              |   |              |         |
|                         |            |             |              |   |              |         |
|                         |            |             |              |   |              |         |
|                         |            |             |              |   |              |         |
|                         |            |             |              |   |              |         |
| _                       |            |             |              |   |              |         |
|                         |            |             |              |   |              |         |
| Income<br>as sala       | received o | director or | consultant   | me and ada<br>, commissic<br>ther receipt | on, bonus, a | livider |
| Income<br>as sala       | received o | director or | consultant   | , commissic                               | on, bonus, a | livider |
| Income<br>as sala       | received o | director or | consultant   | , commissic                               | on, bonus, a | livider |
| Income<br>as sala       | received o | director or | consultant   | , commissic                               | on, bonus, a | livider |
| Income<br>as sala       | received o | director or | consultant   | , commissic                               | on, bonus, a | livider |
| Income<br>as sala       | received o | director or | consultant   | , commissic                               | on, bonus, a | livider |
| Income<br>as sala       | received o | director or | consultant   | , commissic                               | on, bonus, a | livider |
| Income<br>as sala       | received o | director or | consultant   | , commissic                               | on, bonus, a | livider |

| I       |                  |              |              |       |  |
|---------|------------------|--------------|--------------|-------|--|
|         |                  |              |              |       |  |
|         |                  |              |              |       |  |
|         |                  |              |              |       |  |
|         |                  |              |              |       |  |
|         |                  |              |              |       |  |
|         |                  |              |              |       |  |
| Cash:   |                  |              |              |       |  |
| (Identi | ify each bank s  | eparately ar | nd state amo | ount) |  |
| (Identi | ify each bank so | eparately ar | nd state amo | ount) |  |
| (Identi | ify each bank so | eparately ar | nd state amo | ount) |  |
| (Identi | ify each bank s  | eparately ar | nd state amo | ount) |  |
| (Identi | ify each bank s  | eparately ar | nd state amo | ount) |  |
| (Identi | ify each bank s  | eparately ar | nd state amo | ount) |  |
| (Identi | ify each bank s  | eparately ar | nd state amo | ount) |  |
|         | ify each bank so |              | nd state amo | ount) |  |

2. Assets:

| (d)        | Shareholdings in companies and holdings in partnership and joint ventures: (List each enterprise separately, the nature of its business and the numbers of shares held and their current value in the opinion of the declarant) |
|------------|---|
|            | the opinion of the declarant).  |
|            |   |
|            |   |
|            |   |
|            |   |
| (e)        | Directorship and Partnership: (Identify enterprise, nature of its business and date of appointment as director or partner).   |
|            |   |
|            |   |
|            |   |
| <i>(f)</i> | Other Assets:   |
| Mo         | otor Vehicles:  |
|            |   |
|            |   |
|            |   |
| Во         | at:   |
| Go         | vernment Bonds:   |
| Gij        | fts:  |
|            |   |
|            |   |
|            |   |
| Tri        | usts:   |
| Ott        | hers:   |
|            |   |

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| ) Mortga | ges:       |  |  |
|----------|------------|--|--|
|          |            |  |  |
|          |            |  |  |
|          |            |  |  |
| ) Judgem | ent Debts: |  |  |
|          |            |  |  |
|          |            |  |  |
|          |            |  |  |
| Others:  |            |  |  |
|          |            |  |  |
|          |            |  |  |
|          |            |  |  |

Please Note: If space provided is not adequate please feel free to use additional sheets under appropriate headings. Thank you.

3. Liabilities:

| Dated day of   | , [                      |  |
|--|--------------------------|--|
|  |                          |  |
|  | Declarant                |  |
| I  declaration gives full, true and complete part                    | hereby declare that      |  |
| liabilities as on the relevant date that is                          |                          | Please insert relevant date as: 1st July 2024-30th Ju 2025 |
| the income during the period of twelve month                         | s immediately prior to t | lor  |
| date, of myself and my spouse and children to knowledge of the same. | the extent to which I ho | Date of Appointment(Insert Date)                           |
| movieage of the same.  |                          |  |
|  | <br>Declarant            |  |