



**POLICIES AND PROCEDURES IN THE FILING OF THE STATEMENT OF ASSETS,
LIABILITIES AND NET WORTH (SALN) AND DISCLOSURE OF BUSINESS
INTERESTS AND FINANCIAL CONNECTIONS**

I. RATIONALE

Pursuant to Section 8 of R.A No. 6713 (An Act Establishing a Code of Conduct and Ethical Standards for Public Officials and Employees) and other related laws and issuances, PHILGUARANTEE shall adopt the following Internal Review and Compliance Procedure in the Filing and Submission of the SALNs of all PHILGUARANTEE employees.

II. SALN FORM

The Revised SALN Form (Annex A) and the Guidelines in filling out the same, as prescribed under CSC Memorandum Circular No. 2, s. 2013 shall be adopted by PHILGUARANTEE.

III. FILING AND SUBMISSION

All officials and employees shall file their Statement of Assets, Liabilities and Net Worth and Disclosure of Business Interests and Financial Connections (SALNs):

- a) Within thirty (30) days after assumption of office, statements of which must be reckoned as of the first day of service of said official or employee;
- b) On or before April 30 of every year thereafter, statements of which must be reckoned as of the end of the preceding year; and
- c) Within thirty (30) days after separation from the service, statements of which must be reckoned as of the last day of office of said official or employee.

IV. DUTIES OF HRODD

Upon receipt of the SALN forms, the Human Resource and Organizational Development Department (HRODD), shall evaluate the same to determine whether the official or employee has properly accomplished said form. A SALN form is deemed properly accomplished when all applicable information or details required therein are provided by the filer. Items not applicable to the filer should be marked "N/A" (not applicable).

V. TIMELINE FOR ANNUAL FILING OF SALN

April 15

Deadline for filing and submission of SALN of officials and employees to the HRODD.

May 1-15

Review and evaluation by the HRODD of individual SALNs filed as to timeliness, completeness and propriety of form.

May 15

Submission of List of Officials and Employees (Compliance/Non-compliance/Incomplete SALN) (the "List") by the HRODD to the Review and Compliance Committee (RCC).

May 20

The Group Head of the Corporate Services Group (CSG) shall issue a Compliance Order, upon recommendation of the RCC, within five (5) days from notification of such recommendation and receipt of the List. The Compliance Order shall require (i) those who failed to submit their SALN and (ii) those who have incomplete data therein, to submit their SALN or to provide the lacking data, as appropriate. The officials or employees, to whom the order is directed/addressed, shall be given a non-extendable period of thirty (30) days from receipt of the order within which to comply.

The RCC shall recommend to the HRODD the issuance of Show Cause Order, directing the official or employee concerned to submit a comment regarding his/her failure to correct or submit his/her SALN. If the evidence so warrants, the proper administrative proceedings shall be conducted pursuant to the 2017 Rules on Administrative Cases in the Civil Service (RACCS).

Officials and employees who fail to comply within the 30-day period required shall be considered as not having filed their SALN and shall be made liable for the offense of Failure to File SALN, which is punishable under Rule X, Section 50(D)(8) of the RACCS. The RCC shall determine whether or not the employee shall be held administratively liable and make the corresponding recommendation to the President and CEO.

June 30

Deadline for officials/employees to submit their SALN to the repository agencies, in accordance with Rule VII, Section 5 of the Rules Implementing the Code of Conduct and Ethical Standards for Public Officials and Employees. Copies of the SALNs shall also be submitted to the following agencies:

SALN of the President and CEO	Office of the President
SALN of all officials and employees	Civil Service Commission Department of Finance (Revenue Integrity Protection Service)

VI. PENALTIES

Failure to file SALN is punishable by the following penalties:

1st Offense: Suspension of one (1) month and one (1) day to six (6) months

2nd Offense: Dismissal from the service

For your information and guidance.



IAN A. BRIONES

Senior Vice President, CSG

Approved:



ALBERTO E. PASCUAL

President and CEO

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of _____
(Required by R.A. 6713)

Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately.
☐ Joint Filing ☐ Separate Filing ☐ Not Applicable

DECLARANT:

ADDRESS:

SPOUSE:

(Family Name)

(First Name)

(M.I.)

(Family Name)

(First Name)

(M.I.)

POSITION:

AGENCY/OFFICE:

OFFICE ADDRESS:

POSITION:

AGENCY/OFFICE:

OFFICE ADDRESS:

UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD

NAME	DATE OF BIRTH	AGE

ASSETS, LIABILITIES AND NETWORTH

(Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household)

1. ASSETS

a. Real Properties*

DESCRIPTION <small>(e.g. lot, house and lot, condominium and improvements)</small>	KIND <small>(e.g. residential, commercial, industrial, agricultural and mixed use)</small>	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			<small>(As found in the Tax Declaration of Real Property)</small>		YEAR	MODE	

Subtotal: _____

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT

Subtotal : _____

TOTAL ASSETS (a+b): _____

* Additional sheet/s may be used, if necessary.

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE

TOTAL LIABILITIES: _____

NET WORTH : Total Assets less Total Liabilities = _____

* Additional sheet/s may be used, if necessary.

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant / Declarant’s spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant’s Household)

☐ I/ We do not have any business interest or financial connection.

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION

RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)

☐ I/ We do not know of any relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS

I hereby certify that these are true and correct statements of my assets, liabilities, net worth, business interests and financial connections, including those of my spouse and unmarried children below eighteen (18) years of age living in my household, and that to the best of my knowledge, the above-enumerated are names of my relatives in the government within the fourth civil degree of consanguinity or affinity.

I hereby authorize the Ombudsman or his/her duly authorized representative to obtain and secure from all appropriate government agencies, including the Bureau of Internal Revenue such documents that may show my assets, liabilities, net worth, business interests and financial connections, to include those of my spouse and unmarried children below 18 years of age living with me in my household covering previous years to include the year I first assumed office in government.

Date: _____

(Signature of Declarant)

Government Issued ID: _____
ID No.: _____
Date Issued: _____

(Signature of Co-Declarant/ Spouse)

Government Issued ID: _____
ID No.: _____
Date Issued: _____

SUBSCRIBED AND SWORN to before me this ____day of _____, affiant exhibiting to me the above-stated government issued identification card.

(Person Administering Oath)

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of _____

(Sample additional sheet/s for the exclusive properties of the declarant's spouse and unmarried children below eighteen (18) years of age living in declarant's household)

NAME:

(Family Name) (First Name) (M.I.)

POSITION:

AGENCY/OFFICE: _____

ASSETS, LIABILITIES AND NET WORTH

1. ASSETS

a. Real Properties

DESCRIPTION <small>(e.g. lot, house and lot, condominium and improvements)</small>	KIND <small>(e.g. residential, commercial, industrial, agricultural and mixed use)</small>	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			<small>(As found in the Tax Declaration of Real Property)</small>		YEAR	MODE	

b. Personal Properties

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT

2. LIABILITIES

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of _____
(Sample additional sheet/s for the declarant)

NAME: _____ POSITION: _____
(Family Name) (First Name) (M.I.) AGENCY/OFFICE: _____

ASSETS, LIABILITIES AND NET WORTH

1. ASSETS

a. Real Properties

DESCRIPTION <small>(e.g. lot, house and lot, condominium and improvements)</small>	KIND <small>(e.g. residential, commercial, industrial, agricultural and mixed use)</small>	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			<small>(As found in the Tax Declaration of Real Property)</small>		YEAR	MODE	

Subtotal: _____

b. Personal Properties

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT

Subtotal : _____

TOTAL ASSETS (a+b): _____

2. LIABILITIES

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE

TOTAL LIABILITIES: _____

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION