DECLARATION FORM NO CHANGE OWNERSHIP OF PROPERTY

(To be completed in 3 copies)

DESCRIPTION OF O	FFICERS	
Name	:	
No. Identity Card	:	
Position / Grade	:	
Office Address	:	
DECLARATION OF C	OFFICERS	
property as declared	in	
Date:		(Signatures ing Officer)
SECRETARIAT		
		of the property is proposed for evaluation
Date:		(Signature of Secretariat)
		Name:
		Designation:
RESULTS HEAD OF	DEPARTMENT	
	No. Identity Card Position / Grade Office Address DECLARATION OF C I herel property as declared with the requirements Date: SECRETARIAT Declaration form no confficer Head of Depart Date:	No. Identity Card :

I have taken note of this official recognition.

13th	CONFIDENTIAL
	Designation:
	Name:
	Department)
	(Signature of Head of
Date:	