MIA Road, NAIA Complex Pasay City, Philippines 1300 www.miaa.gov.ph (632) 8877-1109



MANILA INTERNATIONAL AIRPORT AUTHORITY

25 January 2021 MPV - M0031 - 2021

MEMORANDUM

| то | : | ALL CONCERNED |
|---------|---|--|
| FROM | : | THE OFFICER-IN-CHARGE Administrative Department |
| SUBJECT | : | SUBMISSION OF SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH (SALN) FOR CY 2020 |

All MIAA organic employees are required to submit the duly accomplished Sworn Statement of Assets, Liabilities and Net Worth (SALN) for the year ending 2020 to the Personnel Division on or before February 28, 2021.

Below are the major reminders in accomplishing the SALN form:

- Declaration of real properties shall include its description, kind, exact location, year and mode of acquisition, assessed value, fair market value, acquisition cost of land, building, etc., including improvements thereon;
- 2. The declarant is strictly required to fill-out all applicable information in the SALN Form. Otherwise, such items should be marked "N/A" or "not applicable";
- 3. Under nature of business interest and/or financial connection, it refers to existing interest or connection in any business enterprise like MIA Provident Fund Association Inc., (MPFAI), MIAA Employees Multi Purpose Cooperative (MEMPCI), whether as proprietor, investor, promoter, partner, shareholder, officer, managing director, executive, creditor, lawyer, legal consultant or adviser, financial or business consultant, and the like should be included to be filled-out;
- In case of joint filing, the declarants shall sign in the spaces provided below the certification;
- 5. If the spouse is not a public officer or employee, the declarant shall still cause him/her to sign the SALN. In case the spouse cannot signify his/her signature, a written explanation should be attached to the SALN Form for such non-compliance.

SALN Form is available at the Personnel Division and can be downloaded at the MIAA Website.

For strict compliance.

qualencia

EMELVYN C. VALENCIA

MIA Road, NAIA Complex Pasay City, Philippines 1300 www.miaa.gov.ph (632) 8877-1109



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For strict compliance.

EMELVYN C. VALENCIA

| Revised as of January 2015 |
|---------------------------------|
| Per CSC Resolution No. 1500088 |
| Promulgated on January 23, 2015 |

| SWORN STATEMENT OF AS | SSETS, LIABILITIES / | AND NET WORTH |
|-----------------------|----------------------|---------------|
|-----------------------|----------------------|---------------|

As of December 31, 2020

(Required by R.A. 6713)

| | | d wife who are both public of Joint Filing | Separate | | | |
|-----------|--------------------------|--|--------------------|-----------------------------------|-----------------------|---------|
| ECLARANT: | 1.65 | | | POSITION: | | |
| DDRESS: | (Family Name) | (First Name) | (M.I.) | AGENCY/OFFICE: OFFICE ADDRESS: | | |
| POUSE: | (Family Name) | (First Name) | | POSITION: AGENCY/OFFICE: | | |
| | (r anniy riane) | (First Marine) | (M.I.) | OFFICE ADDRESS: | | |
| | | | | | and the second second | (11) to |
| | UNMARRIED C | HILDREN BELOW EIGHTE | EN (18) YEARS OF A | AGE LIVING IN DECLAR | ANT'S HOUSEHOLD | |
| | UNMARRIED C NAI N/ | ME | EN (18) YEARS OF A | AGE LIVING IN DECLAR | | AGE |
| | NA | ME | EN (18) YEARS OF A | | | AGE |
| . ASSETS | NA | ME A <u>ASSET</u> (Including those of the s | S, LIABILITIES AND | DATE OF BIRTH | | AGE |

| and lot, condominium and improvements) | commercial, industrial, agricultural and mixed use) | LOCATION | (As found in the Tax Declaration or Real Property) | YEAR | MODE | |
|--|--|----------|--|------|----------|--|
| + | | | | | | |
| | Sur Grenede Nur | | | | 1. S. 19 | |

Subtotal:

b. Personal Properties*

| DESCRIPTION | N | YEAR ACQUIRED | ACQUISITION COST/AMOUNT |
|-------------|-----------|---------------|----------------------------|
| | | | |
| | | | |
| | | | 5 |
| | DESERVER. | | |

Subtotal :

TOTAL ASSETS (a+b):

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

Page 1 of ____

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 |
|---------------------------------------|------------------|--|--|
| | v jen - e Y je | | |
| | | | |

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 |
|------------------|--------------|----------|--|
| | | | |
| | | + | |
| | | | |
| | | | |
| | | | and a second |
| | | | |
| | | | |
| | | | |

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 aboveenumerated 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.

EMELVYN C. VALENCIA Officer-In-Charge Administrative Department

Page 2 of ____