Staff Number



## **DECLARATION OF NO CHANGE IN OWNERSHIP OF PROPERTY**

(To be completed in three (3) copies. Duplicate copies are allowed.)

| 1. | PERSONAL INFORMATION   |  |               |                                   |
|----|--|--|---------------|-----------------------------------|
|    | i.   | Name :   |               |                                   |
|    | ii.  | Identity Card Number :                         |               |                                   |
|    | iii.   | Position / Grade :                             |               |                                   |
|    | iv.  | Office Address :                               |               |                                   |
| 2. | DECLARATION  |  |               |                                   |
|    | I hereby confirm that there are no changes in my ownership of property as declared on  |  |               |                                   |
|    |  |  |               |                                   |
|    | Sche<br>15/2   | edule, Statutory Bodies (Discipline ar<br>010. | nd Surcharge) | Act 2000 and Registrar's Circular |
|    | Date   | y:   |               | (Signature)                       |
| 3. | ACKNOWLEDGEMENT BY HEAD OF DEPARTMENT  |  |               |                                   |
|    | I acknowledge that this declaration form has been duly completed and is hereby submitted for<br>the consideration of the Staff Disciplinary Committee. |  |               |                                   |
|    | Date   | e:   |               | (Signature)                       |
|    |  |  | Name          | :                                 |
|    |  |  | Position      | :                                 |
|    |  |  |               | (Official Stamp)                  |