

Staff Number



DECLARATION OF PROPERTY AND LIABILITY

Kindly tick (✓) the appropriate box:

i) First time declaration

ii) Additional declaration

NOTE:

1. Kindly read the instructions before completing this form.
2. This form is to be completed in three (3) copies.
3. Information in this form must be clearly and neatly written / typed. Duplicate copies are allowed.

1. PERSONAL INFORMATION

- i. Name :
- ii. Identity Card Number :
- iii. Position / Grade :
- iv. Department / Faculty / Centre / Branch Campus :

2. FAMILY INFORMATION

*Kindly specify staff number if spouse is a staff of UiTM.

i) Spouse (Husband/Wife)

	Name	Staff Number	Identity Card Number	Occupation / Employer's Address (if applicable)
1
2

CONFIDENTIAL

ii) Children / Dependant

	Name	Age	Identity Card Number (wherever applicable)
1
2
3
4
5
6

3. MONTHLY INCOME

		Officer	Spouse
1	Basic Salary	: RM	RM
2	Fixed Housing Allowance	: RM	RM
3	Fixed Public Service Allowance	: RM	RM
4	Subsistence Allowance	: RM	RM
5	Fixed Entertainment Allowance	: RM	RM
6	Rented Out Properties	: RM	RM
7	Dividends (Kindly specify)	:	
		RM	RM
		RM	RM
		RM	RM
8	Other revenues (Kindly specify)	:	
		RM	RM
		RM	RM
		RM	RM
	TOTAL AMOUNT	: RM	RM

4. LIABILITIES / MONTHLY INSTALMENTS ON DEBTS / LOAN

		Officer		Spouse	
		Total Amount of Liability (RM)	Amount of Monthly Instalment (RM)	Total Amount of Liability (RM)	Amount of Monthly Instalment (RM)
1	Housing Loan :	.....	.....	.....	.....
2	Hire Purchase/ Vehicular Loan :	.....	.....	.....	.....
3	Income Tax :	.....	.....	.....	.....
4	Cooperative Loan :	.....	.....	.....	.....
5	Education Loan :	.....	.....	.....	.....
6	Others (Kindly specify) :				
 :
 :
 :
	TOTAL :	.....	.....	.....	.....

		Wife		Wife	
		Total Amount of Liability (RM)	Amount of Monthly Instalment (RM)	Total Amount of Liability (RM)	Amount of Monthly Instalment (RM)
1	Housing Loan :	.....	.....	.....	.....
2	Hire Purchase/ Vehicular Loan :	.....	.....	.....	.....
3	Income Tax :	.....	.....	.....	.....
4	Cooperative Loan :	.....	.....	.....	.....
5	Education Loan :	.....	.....	.....	.....
6	Others (Kindly specify) :				
 :
 :
 :
	TOTAL :	.....	.....	.....	.....

6. DECLARATION

I hereby confirm that all properties, liabilities and information given in this form is accurate, true and complete, and is not in contravention of any rules.

Date:.....
.....
(Signature)

7. ACKNOWLEDGEMENT BY HEAD OF DEPARTMENT

I acknowledge that this declaration form has been duly completed and is hereby submitted to the Staff Disciplinary Committee.

Date:
.....
(Signature)

Name :
.....

Position :
.....
(Official Stamp)