

## COMMISSION ON APPOINTMENTS

CHECKLIST OF ORIGINAL DOCUMENTARY REQUIREMENTS  
RECEIVED BY THE DATABANK & LIBRARY SERVICE  
(Cabinet Secretaries, Members of the Judicial & Bar Council & Chairmen &  
Commissioners of the Constitutional Offices)

APPOINTEE/NOMINEE: \_\_\_\_\_  
DEPARTMENT/OFFICE: \_\_\_\_\_

<u>Documents</u>	Original Copy	Certified True Copy	Photo- Copy	None
1. Family Background	[ ]	[ ]	[ ]	[ ]
2. Curriculum Vitae	[ ]	[ ]	[ ]	[ ]
3. Disclosure under oath of kinship with any appointive or elective official in the government, including government-owned or controlled corporations, occupying position/s down to the directorship level within the 4 <sup>th</sup> degree of consanguinity or affinity	[ ]	[ ]	[ ]	[ ]
4. Income Tax Returns (ITRs) for the four (4) Immediately preceding fiscal years	[ ]	[ ]	[ ]	[ ]
5. Statement of Assets & Liabilities (SAL) for the four (4) immediately preceding fiscal years, including those of his spouse and unmarried children under eighteen (18) years of age living in his household, or Sworn Statement of Networth for those coming from the private sector, for the four (4) immediately preceding fiscal years	[ ]	[ ]	[ ]	[ ]
6. Disclosure of business, financial, personal and professional connections and interests for the four(4) immediately preceding fiscal years, including those of his spouse and unmarried children under eighteen (18) years of age living in his household	[ ]	[ ]	[ ]	[ ]
7. Clearances				
7.1 National Bureau of Investigation (NBI)	[ ]	[ ]	[ ]	[ ]
7.2 Bureau of Internal Revenue (BIR)	[ ]	[ ]	[ ]	[ ]
7.3 Money and/or property accountabilities Including cash advances	[ ]	[ ]	[ ]	[ ]
7.4 Ombudsman clearance	[ ]	[ ]	[ ]	[ ]
7.5 Others _____	[ ]	[ ]	[ ]	[ ]

<u>Documents</u>	Original Copy	Certified True Copy	Photo- Copy	None
8. Medical certificate issued by a duly licensed physician containing an evaluation of the physical and mental condition of the appointee/nominee	[   ]	[   ]	[   ]	[   ]
9. Statement of under oath whether the appointee nominee has any pending criminal or administrative case against him	[   ]	[   ]	[   ]	[   ]

REMARKS: \_\_\_\_\_

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RECEIVED & CHECKED BY:

ACKNOWLEDGE BY:

\_\_\_\_\_  
(Signature over printed Name)

\_\_\_\_\_  
(Signature over printed Name)

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(Date and Time of Receipt)

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(Date and Time)