**FORM A** **(r. 6)**

**Serial No…….**

**DISCLOSURE OF CONFLICT OF INTEREST**

**Part I - Particulars of the Public Officer**

Name of Public officer: ……
Designation:……...……
Employer: ……..
Personal File/Employment Number ……...…….
National Identity Card /Passport Number: ...…….
Telephone No: ……...…….……
Email address…….....

**Part II - Particulars of the Conflict of Interest (including interest of close family members and associates)**

Nature of interest ……..……
Name and particulars of the person with whom the officer has an interest (*where applicable*) ……..……..
Estimated value of the interest (*where applicable*) .....
Date when the conflict of interest arose or became known to the officer ……
Value of any contract or payment due …….
Amount of shareholding in the company or partnership …….
Remarks (*if any*) ……..……..

I, ……. declare the above information to be true to the best of my knowledge.

Signature of the Officer: ……..……..
Date:…….

**FOR OFFICIAL USE**

Received by:…….……

Designation of the Receiving Officer:……..……..……..

Signature:…….Date:……..

**FORM B** **(r. 9)**

**Serial No…….**

**DECLARATION OF GIFT**

*(Gifts received by the public officer, family member or relative of the public officer)*

**Part I - Particulars of the Public Officer**

Name of Public officer: ……...……

Designation of the officer:……..……..

Personal File/Employment No……...……...……..

National Identity No /Passport No. ……...…….……

Reporting Entity …..……..…….

**Part II - Particulars of the Gift**

Name of the entity/person giving the gift ……..

Name of recipient…….

Relationship of recipient with public officer..…….

Name and title of the presenter……..…..……..

Description of the gift……..……

Occasion in which the gift was given/accepted …….…….

Estimated value of the gift …….…….……

Current location of the gift ……...……

Date of receipt of the gift ……..…….

Date of Declaration of the gift …….

I, ……. declare the above information to be true to the best of my knowledge.

Signature of the Officer: …….……..

Date:…….

Received by: ……

Designation of the Receiving Officer:..……..

Signature:…….Date:……

**Part III – Recommendation of the Processing officer**

Decision regarding the gift……...……

Processing officer……...…Date…….…….

Remarks of the Authorizing Officer ……..……..……

Name and Designation of the Authorized officer……

Signature ..…….and Date……..……..

**FORM C** **(r. 10)**

**REGISTER OF GIFTS RECEIVED**

NAME OF REPORTING ENTITY .....

FINANCIAL YEAR ……..

| S/No | Name of the public officer | Name of person receiving the Gift | Name of Person or Entity Giving the Gift | Description of the Gift | Value of Gift | Date Gift Given | Date Recorded in the Register | Remarks |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**FORM D** **(r. 11)**

**REGISTER OF GIFTS GIVEN BY REPORTING ENTITY**

NAME OF REPORTING ENTITY .....

FINANCIAL YEAR ……..

| S/No. | Name of Person or Entity Receiving the Gift | Occasion /circumstances under which the Gift was Given | Description of the Gift | Value of Gift | Date Gift Given | Date Recorded in the Register |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**FORM E** **(r. 13(1))**

## DECLARATION OF COMPLIMENTARY TREATMENT

**Part I - Particulars of the Public Officer**

Name of Public officer: ……..……..

Designation:…….

Personal File/Employment No…….. National Identity Number /Passport No: …….

**Part II - Particulars of the Complimentary Treatment**

Nature of complimentary treatment:……

……

Name of Donor……..…..

Name of the person to whom the complimentary treatment was given ……..

Date the complimentary treatment was given ……

Circumstances under which the complimentary treatment was accepted…….……...……..… …….

Remarks(if any) ……

I,…… declare the above information to be true to the best of my knowledge.

Signature of the Officer: ……Date:…….

Submitted to:……

Designation of the Receiving Officer:… ……..……..

Signature:……..…….Date:……

**FORM F** **r. 13(2)]**

## REGISTER OF COMPLIMENTARY TREATMENT

NAME OF REPORTING ENTITY .....

FINANCIAL YEAR ……..

| S/No | Name of the public officer | Nature of complimentary treatment | Name of donor | Name of Person to whom complimentary treatment is given. | Date the complimentary treatment is given. | Circumstances under which complimentary treatment was accepted | Date Recorded in the Register | Remarks |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**FORM G** **[r. 14(3)]**

**DECLARATION OF OTHER GAINFUL EMPLOYMENT**
***(To be submitted to the Reporting authority and the Commission)***

Name of Public officer:……..……...……
Designation:……
Employer…….
Personal File/ Employment No……
National Identity Number /Passport No …….

**Description of the Other Gainful Employment**

| S/No. | Entity offering the other Gainful employment | Nature of engagement | Date permission was granted | Date of commencement of the engagement | Remarks (if any) |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

I, …… declare the above information to be true to the best of my knowledge.
Signature of the Officer:……..……
Date:…….
Received by:……
Designation of the Receiving Officer:…….……..
Signature:……
Date:……

**FORM H** **[(r. 14(4)]**

**REGISTER OF OTHER GAINFUL EMPLOYMENT**

NAME OF REPORTING ENTITY .....

| S/No. | Name and designation of the Public Officer | Entity offering other gainful employment | Nature and description of engagement | Date permission was granted | Date of commencement of the engagement | Remarks |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |

**FORM I** **(r. 16)**

**REGISTER OF CONFLICT OF INTEREST**

NAME OF REPORTING ENTITY .....

| S/No. | Name and designation of the Public Officer | Date/period when the conflict of interest arose | Nature/particulars of the interest | Extent of the interest | Decision made |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

**FORM J** **[r. 19(1)]**

**DECLARATION OF RECUSAL**

*(This declaration should be submitted by the reporting entity to the Commission within sixty days after the day on which the recusal took place).*

I, ……..…… of National Identity Number /Passport No. ……..…… and Personal File/Employment No. ……being a public officer employed by ……as…….……..…
…….. disclosed a conflict of interest with the following particulars:……
……
……..……

Consequently, I recused myself from **(*Specify the subject matter recused from*):**

……
……..……
……..……
……..……
……..

I declare that the information I have given above is true, complete and correct to the best of my knowledge.

Signature:……..

Date:……...

**FOR OFFICIAL USE**

Name of the Receiving Officer: ……..

Signature: …… Date: ……...

Remarks by the Reporting Entity:

……..……
……
……

**FORM K** **[r. 22(1)]**

**REQUEST TO ACCESS A DECLARATION OR CLARIFICATION OF INCOME, ASSETS AND LIABILITIES**

To The Responsible Commission,

……,

**Part I Information on Applicant**

1. Name of person/entity applying ……

2. National Identity Card/Passport Number ……

3. Postal Address…….……

4. Physical Address…….……

5. Telephone……

6. E-mail Address…….……

7. Occupation……...……

**Part II Information on the Person whose declaration is sought to be accessed:**

(a) Name…….....…….……

(b) Entity of the public officer……..……..……

(c) Work Station…….....…….……

**Part III: Information sought:**

(a) Specify the information sought to be accessed……..

(b) Reason for requiring the information: ……

(c) Give any other information you may consider relevant and useful to your request

……..……

…….

……..……

……

……

……

……

**Part IV: Declaration**

I declare that the information I have given above is true, complete and correct to the best of my knowledge.

Date:
…….....……
……..

Signature of Applicant:
…….....…….……...

**FORM L** **[r. 25(1)]**

**COMPLIANCE REPORT BY A REPORTING ENTITY**

**PART I: DESCRIPTION OF THE REPORTING ENTITY AND REPORTING PERIOD**

1. Name of entity: ……
2. Contact details: ……
3. Physical address:……
4. Email address: ……
5. Period for which the compliance report is made: 1st July ……..… to 30th June ……

**PART II: COMPLIANCE AREAS**

**A. EXERCISE OF DELEGATED FUNCTIONS AND POWERS UNDER THE ACT**

1. Does the reporting entity exercise any delegated powers or functions pursuant to section 7(c) of the Conflict of Interest Act?
   Yes ……..…… /
   No…….……

   If yes, clearly describe the delegated powers or functions, including the particulars of the *Gazette* notice through which the delegation was implemented.
   ---
   ---
   ---
   ---

**B. DECLARATION OF CONFLICT OF INTEREST (PART III OF THE ACT)**

2. Does the reporting entity maintain a register of conflicts of interest (s. 24)?

Yes ☐ No ☐

3. Is the Register of Conflict of Interest open for inspection by the public (s. 24(c)?

Yes ☐ No ☐

4. Indicate the number of disclosures of conflict of interest made by public officers in the reporting entity within the reporting period……..

5. Indicate the number of requests made to inspect the Register of conflict of interest maintained by the reporting entity within the reporting period……..

6. For the disclosures of conflict that were made by public officers in the reporting entity within the reporting period, please indicate the number of disclosures relating to the following types of disclosures-

| S/No | Type/nature of Disclosure made within the period | No. |
|---|---|---|
| 1. | Debate or proceeding in a relevant House of Parliament or County Assembly by a Member | |
| 2. | Debate or proceeding in a Committee of a relevant House of Parliament or County Assembly by a Member | |
| 3. | Transaction or communication by a Member of Parliament or County Assembly with another person or other members of a relevant House of Parliament or County Assembly by a Member | |
| 4. | Preferential treatment or advantage accorded to a public officer beyond what is allowed by law or policy | |
| 5. | Offers of outside employment made to an officer of the reporting entity, whether accepted or not | |
| 6. | Complimentary treatment offered to a public officer of the reporting entity, or to a member of his family or relative | |
| 7. | Contracts for supply of goods, works or services, or disposal of goods with a public entity | |
| 8. | Interest in a private company, partnership or any other legal entity that is party to a contract with the reporting entity of the public officer, under which the private company, partnership or other legal entity receives or expects to receive a benefit | |
| 9. | Engaging in other gainful employment | |
| 10. | Any other registrable interest under the Second Schedule | |
| 11. | Any other conflict not covered above | |

**C. GIFTS AND OTHER BENEFITS (s.17)**

7. Does the reporting entity maintain and operate a register for the following?

| | TYPE OF REGISTER | YES | NO |
|---|---|---|---|
| 1. | Gifts and other benefits received by public officers serving in the entity | | |
| 2. | Gifts and other benefits given by the entity to other public officers | | |

8. In the tables below, provide details of the gifts received by public officers or gifts given by the reporting entity to any person within the reporting period-

a. **Gifts received by public officers in the reporting entity**

| S/No | Name of the public officer | Name of person receiving the Gift | Name of Person or Entity Giving the Gift | Description of the Gift | Value of Gift | Date Gift Given | Date Recorded in the Register | Remarks |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**b. Gifts given by the reporting entity to any person**

| S/No. | Name of Person or Entity given the Gift | Occasion or circumstance under which the Gift was Given | Description of the Gift | Value of Gift | Date Gift Given | Date Recorded in the Register |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |

**PART III: COMPLAINTS AND INVESTIGATIONS**

1. Does the reporting entity or reporting authority maintain a register of complaints on allegations of violation of the provisions of the Act?

Yes ☐ No ☐

2. Indicate the number of complaints received within the reporting period, and action taken-

| No | Date complaint was received | Particulars of the complaint | Person or entity complained against | Action taken / Recommendation | Status or outcome |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |

**PART IV: AUTHENTICATION OF INFORMATION**

**Compiled by:** ……

**Designation:**……

**Date:**……..

**Confirmed by:** ……

**Date:**……..

*Reporting Authority/Accounting officer/CEO*

**FORM M** **[r. 25(2)(a)]**

**COMPLIANCE REPORT BY A RESPONSIBLE COMMISSION**

**PART I: DESCRIPTION OF THE RESPONSIBLE COMMISSION**

(i) Name of the Responsible Commission: ……

(ii) Contact details: ……

(iii)Physical address:……

(iv)Email address: ……

(v) Period for which the compliance report is made: 1st July ……..… to 30th June ……

**PART II: DECLARATION OF INCOME, ASSETS AND LIABILITIES**

1. Submission of **initial** declaration of income, assets and liabilities. (*an initial declaration is required to be made by a public officer within thirty (30) days upon appointment or election to a public office*)

a) Number of public officers appointed within the reporting period (newly appointed officers)

……..……..

b) Number of newly appointed public officers who made an initial declaration: ……..

c) Number of newly appointed public officers who did not make an initial declaration: ……..

d) Provide a list of newly appointed officers who did not make an initial declaration. Indicate whether any action was taken and whether the officer(s) complied.

**List of officers who did not submit initial declaration of income, assets and liabilities**

| **N o** | **Nam e** | **Designation** | **Staff/File/ID Passport No** | **Date of appointment** | **Action taken / Remark s** |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |

2. Submission of **biennial** declaration of income, assets and liabilities. (*a biennial declaration is required to be made by a public officer once every two years within the period of service as a public officer*)

   a) Number of public officers in the reporting entity within the reporting period …… … …
   ……
   ……..

   b) Number of public officers in the reporting entity who made a biennial declaration: ……
   ……...…….……
   ……

   c) Number of public officers in the reporting entity who did not make a biennial declaration:……
   ……..……
   ……

   d) Provide a list of officers who did not make a biennial declaration. Indicate whether any action was taken and whether the officer(s) complied.

   **List of officers who did not submit biennial declaration of income, assets and liabilities**

| No | Name | Designation | Staff/File/ID Passport No | Date of appointment | Action taken / Remarks |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

3. Submission of **final** declaration of income, assets and liabilities. *(a final declaration is required to be made by a public officer within thirty (30) days upon ceasing to hold a public office).*

   a) Number of public officers in the reporting entity who ceased to be public officers within the reporting period …….

   b) Number of officers who made a final declaration: ……

   c) Number of officers who did not make a final declaration:
   ……

d) Provide a list of officers who exited your entity and did not make a final declaration within 30 days upon exiting. Indicate whether any action was taken and whether the officer(s) complied.

**List of public officers who did not submit final declaration of income, assets and liabilities**

| No | Name | Designation | Staff/File/ID Passport No | Date of Exit | Action taken / Remarks |
|---|---|---|---|---|---|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

4. Clarifications sought from public officers who made an initial, biennial or final declaration (s. 33)

**List of public officers from whom clarification was sought and status of compliance**

| No | Name | Designation | Staff/File/ID Passport No | Nature of Clarification Sought (state in general terms) | Status of compliance |
|---|---|---|---|---|---|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

5. Access to information in a declaration of income assets and liabilities or a clarification. (A person may, for purposes of section 36 of the Act, apply to the responsible commission to access information contained in a declaration or clarification made under the Act )

(a) Number of requests for access to information received: ……

(b) Number of requests for access to information granted; …….

(c) Number of requests for access to information declined:…….

(d) Reasons for declining requests for access to information:

……..……..
……..……
……

**B. COMPLAINTS AND INVESTIGATIONS**

6. Does the responsible commission maintain a register of complaints on allegations of violation of the provisions of the Act?

Yes ☐ No ☐

7. Indicate the number of complaints received within the reporting period, and action taken-

| **No** | Date complaint was received | Particulars of the complaint | Person or entity complained against | Action taken / Recommendation | Status or outcome |
|---|---|---|---|---|---|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

**PART III: AUTHENTICATION OF INFORMATION**

**Compiled by:** ……

**Designation:**……**Date:**……

**Confirmed by:** ……..

**Date:**……..

*Authorized Officer of the Responsible Commission*

**FORM N** **[r. 26(2)]**

**REGISTER OF COMPLAINTS**

Name of Entity……

| Serial No. | Date the complaint is reported | Method of Reporting | Name and Contact Details of person making the report *(if provided)* | Particulars of Allegations | Documents (if any) | Details of Person Receiving the Complaint | Action take n | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |