



ངན་ལྷན་བཀག་སྲོམ་ལྷན་ཚོགས།

Anti-Corruption Commission

གཞི་གནས་གསལ་སྟོན་གྱི་འབྲི་ཤོག།

Asset Declaration Form



Important Information on filing Asset Declaration

1. Why must I file?

As per section 38 (1) of the Anti-Corruption Act of Bhutan (ACAB) 2011, public servants or other individuals using public resources shall prepare, declare accurately and truly and file their personal assets, income and liabilities, as well as, those of their spouses and/or dependents. This is to promote transparency and accountability in the public service.

2. What must I file?

You are required to file your assets, income and liabilities as per the prescribed form of the AD Rules 2017.

- Annual Declaration: Declare your assets, income and liabilities for the income year (1st January to 31st December) only.
- Assumption of office: Declare all your assets and liabilities acquired before the assumption of office. You are not required to declare your income and expenditure.
- Vacation of office: Declare your assets, income and liabilities for the period between annual declaration and vacation of office.

3. When must I file?

You are required to file your declarations in accordance with the Rule 9 (a,b & c) of the AD Rules 2017:

- Annual Declaration: 1st March to 30th April;
- Assumption of Office: Within three months after becoming a covered person; and
- Vacation of Office: Within one month before ceasing to be a covered person for planned exit and within one month after ceasing to be a covered person for unforeseen exit.

4. What are the penalties?

Failing to file your AD or filing false information in the AD may subject you to penalty or disciplinary action as per the ACAB 2011 and AD Rules 2017. Willful falsification of information may subject you to criminal prosecution.

5. What if I have Questions?

If you have any queries, kindly contact AD Administrators of your Agency or Asset Declaration Management Division of the Anti-Corruption Commission @ 02-337423 or email at admd@acc.org.bt



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1. Reason for Declaration

Tick the appropriate box:

- a) Assumption of Office: Declare all your assets and liabilities acquired before the assumption of office. You are not required to declare your income and expenditure.
- b) Annual Declaration: Declare your assets, income and liabilities for the income year (1st January to 31st December) only.
- c) Vacation of Office: Declare your assets, income and liabilities for the period between annual declaration and vacation of office.

2. Details of the Declarant

Please provide your personal information. Please select appropriate option to indicate if your spouse is a covered person.

Name	CID No/Work permit No	Date of Birth (date/month/year)	Sex (Male/Female/Others)	Marital Status (Single/Married/Divorced/Widow/Widower)	Permanent Address (Country/Dzongkhag/Dungkhag/City/Gewog/Chiwog)	Employment Details (EID No/Employment Type/Agency Category/Agency/Current place of posting/Position Title/Position Level/Declarant Category)	Contact Details (Email ID/Mobile No/Office Telephone No)

3. Family Details

Please provide your spouse, children and dependents' personal information. Please select appropriate relationship to indicate your relationship with them.

Relationship (Spouse/Children/Dependent)	Name	CID No/Work permit No	Date of Birth (date/month/year)	Sex (Male/Female)	Marital Status (Single/Married/Divorced/Widow)	Permanent Address (Country/Dzongkhag/Dungkhag/City/Gewog/Chiwog)	Employment details (EID No/Employment Type/Agency Category/Agency/Current place of posting/Position Title/Position Level)	Contact Details (Email ID Mobile No/Office Telephone No)	Is your spouse a covered person? (Yes/No)



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4. Additional Job/Employment

Please provide the details, if you have held any additional job/employment apart from the position held in current office, whether paid or unpaid. In your declaration, also provide details of outside position held by your spouse and/or children, if they are not required to file declarations separately.

SN	Relationship (Self/Spouse/Children)	Name	CID/Work Permit No	Details of Additional job/employment		
				Agency	Position Title	Income (Yes/No) (Amount)

5. Post-Employment Arrangement/Plan

Please provide the following information on any post-employment arrangement/plans for other jobs/employment you have made after your separation from the current office. In your declaration, also provide details of any post-employment arrangement/plans of your spouse and/or children, if they are not required to file declarations separately.



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SN	Relationship	Name	CID/Work PermitNo	Details of Post-Employment Arrangement/Plan		Any offer or acceptance made? (Yes/No)
				To hold new position (Agency/Position Title)	To start new commercial activity (Specify)	

6. Declaration of Asset, Income & Liabilities

6.1. Immovable Properties such as Land and Building/House/Flat.

Please provide the details of immovable properties such as Land and Building/House/Flat, etc. acquired in the income year. In your declaration, also include the details of properties acquired by your Spouse, Children and /or dependent (s), if they are not required to file declaration separately.

SN	Relation-ship	Name	CID/ Work Permit No	Details of the property				Date & Mode of acquisition		Cost (Nu)		Source of finance	Acquired from (Name & CID)	In whose name is the property registered? (Name & CID)
				Type of property	Thram/ plot/ho useno	Size/ Qty	Location	Date (Month/ Year)	Mode	Total cost	Payment made in income year			



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6.2. Shares and Stocks

Please provide the details of shares/stocks acquired in the income year. In your declaration, also include the details of shares and stocks acquired by your spouse, children and / or dependent (s) only if they are not required to file declarations separately.

SN	Relationship	Name	CID/ Work Permit No	Details of Shares/Stocks				Date & Mode of Acquisition		Total cost (Nu)	Source of finance	Acquired from (if company-Name & Address) (If Individual-Name & CID No)
				Company	Location	No. of shares/stocks	Transaction D	Date (month/Year)	Mode			

6.3. Vehicle and Machineries

Please provide the details of vehicle/machineries acquired in the income year. In your declaration, also include the details of vehicle/machineries acquired by your spouse, children and / or dependent (s) only if they are not required to file declarations separately.



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SN	Relationship	Name	CID/ Work Permit No	Details of Vehicle/Machinery				Date & Mode of acquisition		Cost (Nu)		Source of finance	Acquired from (if company- Name & Address) (If Individual- Name & CID No)	Registered Owner (Name & CID)
				Type of Vehicle/ Machinery	Name	Registration No.	Model	Date (month/ Year)	Mode	Total cost	Payment made in income year			

6.4. Virtual Assets

Please provide the details of Virtual Assets such as Bitcoin, Litecoin, Ether, etc. acquired in the income year. In your declaration, also include the details of virtual assets acquired by your spouse, children and / or dependent (s) only if they are not required to file declarations separately.

SN	Relationship	Name	CID/Work Permit No	Type of virtual Asset (Bitcoin/Litecoin/Ether, etc)	Qty	Date & Mode of acquisition		Cost (Nu)		Source of finance	Acquired from (if company-Name & Address) (If Individual-Name & CID No)
						Date (month/ Year)	Mode	Total cost	Payment made in income year		



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6.5. Personal Savings

Please provide the details of all personal savings whether cash in hand (including foreign exchange), money lent or bank deposits (domestic/abroad) if the total amount exceeds your one month's gross salary. In your declaration, also declare the details of all savings of your spouse/children/dependent if they are not required to file declarations separately. For annual declaration, the amount should be the balance amount as of 31st December of the income year.

SN	Relationship	Name	CID/Work Permit No	Details of Savings				Balance Amount (Nu)	Source of Saving
				Type of Savings (Bank deposit/ Cash in hand/money lent/Others)	Bank Name	Location	Type of Account (Account Number)		



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6.6. Convertible Assets

Please provide the details of convertible Assets acquired such as works of art, jewelry, gold, electronic gadgets, etc. which exceeds a value of Nu. 100,000/- in total. In your declaration, also include the details of convertible assets acquired by your spouse, children and /or dependent (s) only if they are not required to file declarations separately.

SN	Relationship	Name	CID/Work Permit No	Type of Convertible Asset	Date & Mode of acquisition		Cost (Nu)		Source of Finance	Acquired from (if company-Name & Address) (If Individual-Name & CID No)
					Date (month/Year)	Mode	Total cost	Payment made in income year		

6.7. Commercial Activity and Intellectual Properties

Please provide the details of all the commercial activities and intellectual Properties acquired such as business, enterprises, copyrights, etc. Also include the details of commercial or intellectual activities acquired by your spouse, children and / or dependent only if they are not required to file declarations separately.

SN	Relationship	Name	CID/Work Permit No	Type of Activity (Commercial/ Intellectual)	Details of Commercial/Intellectual Property				Date & Mode of acquisition		Cost (Nu)		Source of Finance	Acquired from (Name & CID No)
					Name	License No	Location	Operation status	Date (month/Year)	Mode	Total cost	Payment made in income year		





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6.8. Income Statement

Please provide the details of sources of all your income. Also declare the details of income of your spouse/children/dependent, if they are not required to file declarations separately.

SN	Relation-ship	Name	CID/ Work Permit No	Details of Income										
				Gross Employment Salary	Business/ Consultancy	Rental	Dividends	Hiring charges	Interest Earned	Sale of cash crop	TA/DA	Outside Position	Others	

Note: Income amount should be annual gross amount.

6.9. Liabilities

Please provide the details of all liabilities acquired in the income year. Also declare the details of liabilities acquired by spouse/children/dependent if they are not required to file declarations separately.



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Name	CID	Relationship	Type of liability <i>Bank Loan/Private Borrowing</i>	Total Amount Sanctioned (Nu)	Actual amount received (Nu)	Details of the Lender <i>(If it is bank loan-provide bank name & address)</i> <i>(If it is private borrowing-provide name & CID of borrower)</i>	Date of Borrowing (Month/Year)

6.10. Expenditure

A. Educational Expenditure

SN	Name and Relationship	Amount	Name of school/college/university and place	Course level

B. Other Expenditure

Please provide the details of expenditure incurred for Rental, Insurance, Loan repayment, Education, mandatory salary deduction and **others**. Under others, provide the details for expenditures such as travel, vacation, wedding, donation, maintenance, medical treatment, gifts, religious rituals, etc. You are not required to declare Utility/daily subsistence cost (expenses on food, electricity, etc).



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Name	CID/WP No	Relationship	Details of Expenditure				
			Rental (Location & Amount)	Insurance (Type & Amount)	Loan Repayment (Borrower & Amount)	Mandatory salary deduction (PF/GIS/TDS/HC/CSWS)	Others





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7. Affidavit

I swear or affirm that all the information that I have given here is true, correct and complete to the best of my knowledge, information and belief. I understand that I shall be liable as per section 64 of ACAB 2011, if I have intentionally given false information. I also know that I may be asked to show proof of any information I have given. I also hereby authorize the Commission or its duly authorized agency to obtain and secure from all appropriate agencies, including the Department of Revenue and Customs, such documents that may show such income, assets, and liabilities, including those of my spouse, children and dependents, covering previous Annual declaration (s) and Assumption of Office declaration.



(Signature of the Declarant) Date:

Name:

Designation:

Agency:

Email ID:

Mobile No:

Official Acknowledgement Receipt

We acknowledge with thanks the receipt of Mr/Ms Asset Declaration for the income year received on date..... Please retain this receipt for your record and future reference.

Signature

(AD Administrator)

Name:

Designation:

Contact No:

