

**FINANCIAL DISCLOSURE FORM**

**Section I. Personal Information**

Reporting period: 01 January 2006 to 31 December 2006

1. Name of the staff member: BAN, Ki Moon

2. Index Number: \_\_\_\_\_

3. Functional title: Secretary-General

Department or Office: United Nations

Level: \_\_\_\_\_

(a) Marital status. If married, please give the full name of spouse. (If there is more than one spouse, filing is required for each spouse).

Married - Ban (Yoo), Soon Taek

(b) Name(s) of dependent child(ren).

N.A.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section II. Staff member's disclosure in respect of themselves, their spouse and dependent child(ren)**

**Part I: Do you, your spouse or dependent child(ren) hold any assets over US\$10,000?**

Staff member:                      Yes:                       No:   
 Spouse:                              Yes:                       No:   
 Dependent child(ren):            Yes:                       No:                       } if yes, please disclose below

Name and detailed description of assets over US\$10,000	Name of asset holder (you, your spouse or dependent child)	Value US\$ (check appropriate box)					
		\$10,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	Over \$1,000,000
1. Apartment - Seoul, Republic of Korea	Ban, Ki Moon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Land Residential (Lot) - Seoul, Republic of Korea	Ban, Ki Moon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Land Non-Residential - Kyonggi Province, Republic of Korea	Yoo, Soon Taek	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Checking & Savings Bank Account - Republic of Korea	Ban, Ki Moon	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Checking & Savings Bank Account - U.S.A.	Ban, Ki Moon	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Checking Bank Account - Republic of Korea	Yoo, Soon Taek	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part 2: Have you, your spouse or dependent child(ren) had any profits of more than US\$10,000 on the sale of personal property held for investment or business purposes?**

Staff member: Yes:  No:   
 Spouse: Yes:  No:   
 Dependent child(ren): Yes:  No:  } if yes, please disclose below

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	Description of personal property sold	Date of sale	Name of person selling property (you, your spouse or dependent child)	Amount US\$ (check appropriate box)				
				\$10,001-\$20,000	\$20,001-\$50,000	\$50,001-\$100,000	\$100,001-\$500,000	Over \$500,000
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part 3: Do you, your spouse or dependent child(ren) own any stock options, publicly-listed or private, regardless of value?**

Staff member: Yes:  No:   
 Spouse: Yes:  No:   
 Dependent child(ren): Yes:  No:  } if yes, please disclose below

Name and detailed description of stock options	Name of owner (you, your spouse or dependent child)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

**Part 4: Have you, your spouse or dependent child(ren) had any income from non-United Nations sources totalling over US\$10,000 in the reporting period?**

Staff member: Yes:  No:   
 Spouse: Yes:  No:   
 Dependent child(ren): Yes:  No:  } if yes, please disclose below

	Source of income (name and address)	Detailed description	Name of income-earner (you, your spouse or dependent child)	Amount US\$ (check appropriate box)				
				\$10,001- \$20,000	\$20,001- \$50,000	\$50,001 - \$100,000	\$100,001- \$500,000	Over \$500,000
1.	Government of Republic of Korea	Salary (annual)	Ban, Ki Moon	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 5. Have you, your spouse or dependent child(ren) received any supplements, gifts, housing, subsidized housing, per diem, reimbursements, entertainment or travel expenses totalling US\$250 or more from a single source during the reporting year?

Staff member: Yes:  No:   
 Spouse: Yes:  No:   
 Dependent child(ren): Yes:  No:  } if yes, please disclose below

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	Source (name and address)	Detailed description	Name of recipient (you, your spouse or dependent child)	Amount US\$ (check appropriate box)						
													\$250 - \$500	\$501 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$10,000	Over \$10,000	
													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part 6. Do you, your spouse or dependent child(ren) have any liabilities (including mortgages and loans on a personal and/or vacation residence) over US\$50,000?**

Staff member: Yes:  No:   
 Spouse: Yes:  No:   
 Dependent child(ren): Yes:  No:  } if yes, please disclose below

Creditors (name and address)	Type of liability	Date incurred	Term (if applicable)	Name of debtor (You, your spouse or dependent child)	Amount US\$ (check appropriate box)			
					\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	Over \$500,000
1.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 7: Follow-up questions in respect of staff member

1. Do you have any leadership or policy-making role in any non-United Nations entity (including membership on corporate boards)?

Yes:  No:  If yes, please specify.

**During period 01 January 2006 and 10 November 2006 I was Foreign Minister in Ministry of Foreign Affairs and Trade of the Republic of Korea.**

2. Are you, or have you ever been involved in any other activity that could have an impact on your objectivity or independence in the performance of your duties for the United Nations, or otherwise affect the image or reputation of the Organization?

Yes:  No:  If yes, please specify.

3. Do you have any relatives employed in the United Nations systems, namely spouse, father, mother, son, daughter, brother or sister?

Yes:  No:  If yes, please specify.

**Ban, Hyun Hee (Daughter) UNICEF Office in Nairobi, Kenya  
Siddarth Chatterjee (Son-in-law) UNICEF Office in Nairobi, Kenya**



Part 8: Follow-up question in respect of your spouse and dependent child(ren)

1. To the best of your knowledge, does your spouse and/or dependent child(ren) have any interest in, or association with, any entity with which you may be required, directly or indirectly, to have dealings on behalf of the Organization, or which has any commercial interest in the work of the United Nations, or a common area of activity with the United Nations?

Yes:  No:  If yes, please specify the name(s) and the relevant interest or association.

**Section III. Certification and Affirmation**

A. I certify and affirm that the disclosures I have made in this Form, including this Certification and Affirmation, and all attachments thereto, are true, complete and correct to the best of my knowledge and belief. I certify and affirm that I understand that failure to provide true, complete and correct information in this Form to the best of my knowledge and belief may have serious consequences, including the institution of disciplinary proceedings.

B. I understand that I must declare anything that could affect my objectivity or independence in respect of the performance of my duties for the United Nations, or the perception by others of my objectivity and independence, and if I am uncertain, I will seek guidance from the Ethics Office, OHRM or other appropriate offices.

Signature of the staff:

Ki Moon Ban

Date: 01/01/2007