

Republic of the Philippines Department of Migrant Workers

OVERSEAS WORKERS WELFARE ADMINISTRATION



REGIONAL WELFARE OFFICE -CARAGA Tel No. (085)815-1894 | Hotlines: 09399259895 / 09173150590 caraga@owwa.gov.ph

BALIK PINAS BALIK HANAPBUHAY PROGRAM

Regional Welfare Office Caraga

UNDERTAKING

FOR VALUE RECEIVED, I, Elsie Opaon Cabotaje, of legal age,

(Name of OFW)

Filipino and a resident of P-5B Caloc-an Magallanes Agusan Del Norte,

(Address)

as Balik Pinas Balik Hanapbuhay Program recipient, do hereby depose and state that:

- 1. That, I will use the assistance granted for income generating purposes only;
- 2. That, I will implement the project based on the business plan approved by OWWA RWO
- 3. That, I will submit the official receipt/proof of purchase of goods/materials amounting to TEN THOUSAND (PHP 10,000.00) within in five (5) days from date of release;
- 4. That, I will cooperate during monitoring of the Project implementers and I will submit documents as may be required by them; and
- 5. That, I will report to the Project Implementers on the status of the project from time to
- 6. That, in gratitude of the assistance extended by OWWA, I obligate myself to comply with the terms and conditions set forth in the program.
- 7. That I hold OWWA Caraga FREE from any liability, civil or criminal or f whatever nature, that will arise in relation to the approval and release of my financial assistance
- 8. That I hold myself solely responsible for any liability that will arise in connection with the release of Financial Assistance under BPBH in my favor.
- 9. I am executing this affidavit to attest to the truth of the foregoing facts and for whatever legal purpose or interest this may duly serve.

IN TRUTH WHEREOF, I have here unto af20	ffixed my signature below this day of
	Elsie Opaon Cabotaje Signature Over Printed Name of Availee
Subscribed and sworn to before me this	at, Philippines.