



PRE-DEPARTURE ORIENTATION SEMINAR CERTIFICATE OF ATTENDANCE

Registration No.

Name of OFW:

Skill/ Occupation:

Country of Destination:

Local Recruitment Agency:

Foreign Principal:

Expiry Date:

OVERSEAS WORKERS WELFARE ADMISTRATION

RAYMUNDO G. TIBUBOS

Printed Name and Signature Accredited Trainor CAPT. ELISEO Z. CLEMENTE, JR.

Printed Name and Signature Authorized Agency Official







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