



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF MIGRANT WORKERS  
**OVERSEAS WORKERS WELFARE ADMINISTRATION**



PLEASE FILL-OUT THIS FORM LEGIBLY

**OFW INFORMATION SHEET**

DATE FILED \_\_\_\_\_

**FOR OWWA USE ONLY:**

LASTEST RECORD OF OWWA CONTRIBUTION

OR NUMBER: \_\_\_\_\_

OR DATE: \_\_\_\_\_

VALIDITY DATE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_

**OFW PERSONAL DATA**

(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX NAME) (SAMPLE JR. SR. III, JRA)
<b>PHILIPPINE PERMANENT ADDRESS</b>			
(HOUSE NO.)	(LOT NO. BLK. NO. PHASE NO.)	(STREET)	(SUBDIVISION)
(BARANGAY)	(MUNICIPALITY/CITY)	(PROVINCE)	(ZIP CODE)
PHIL. PHONE NO. _____		EMAIL/FACEBOOK _____	<b>PASSPORT NO.</b> _____
BIRTHDATE ____/____/____ MM DD YYYY	GENDER _____	RELIGION _____	CIVIL STATUS _____
HIGHEST EDUCATION ATTAINMENT _____		COURSE _____	

**CONTRACT PARTICULARS**

COMPANY NAME _____	REGISTRATION CERT. NO. _____
EMPLOYER'S NAME _____	<b>EMPLOYER'S HK ID NO.</b> _____
EMPLOYER'S ADDRESS _____	
EMPLOYER'S PHONE NO. _____	JOBSITE / COUNTRY <b>HONG KONG</b>

**OFW POSITION** \_\_\_\_\_ **OFW MONTHLY SALARY** **HKD** \_\_\_\_\_ **OFW CONTRACT DURATION** **2 YRS.**

AGENCY NAME (if applicable) \_\_\_\_\_

**LEGAL BENEFICIARIES / QUALIFIED DEPENDENTS**

<u>FULL NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u> MM/DD/YYYY	<u>COMPLETE ADDRESS</u>	<u>PHONE NO. / EMAIL ADDRESS</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby certify that the above information is true and correct.

\_\_\_\_\_  
**SIGNATURE OF WORKER**\_\_\_\_\_  
**OFW HK PHONE NO.**