



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



PLEASE FILL-OUT THIS FORM LEGIBLY

OFW INFORMATION SHEETDATE FILED 28/10/2023**FOR OWWA USE ONLY:**

LASTEST RECORD OF OWWA CONTRIBUTION

OR NUMBER: _____

OR DATE: _____

VALIDITY DATE: _____

AMOUNT: _____

VERIFIED BY: _____

OFW PERSONAL DATA

BERNARDEZ SUSANA LAGULA
(LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX NAME)
(SAMPLE JR. SR. III, JRA)

PHILIPPINE PERMANENT ADDRESS BRGY SAN MARCOS
(HOUSE NO.) (LOT NO. BLK. NO. PHASE NO.) (STREET) (SUBDIVISION)

SAN MATEO ISABELA PHILIPPINES 3318
(BARANGAY) (MUNICIPALITY/CITY) (PROVINCE) (ZIP CODE)

PHIL. PHONE NO. 9758690856 EMAIL/FACEBOOK _____ PASSPORT NO. P1974618C

BIRTHDATE 02 / 03 / 1991 GENDER F RELIGION _____ CIVIL STATUS Married
MM DD YYYY

HIGHEST EDUCATION ATTAINMENT _____ COURSE _____

CONTRACT PARTICULARS

COMPANY NAME _____ REGISTRATION CERT. NO. _____

EMPLOYER'S NAME TSANG WAN SZE EMPLOYER'S HK ID NO. Y463282(4)

EMPLOYER'S ADDRESS FLAT D 42/F TOWER 2A 51 WING SHUN STREET THE PAVILIA BAY TSUEN WAN NEW TERRITORIES

EMPLOYER'S PHONE NO. 56651225 JOBSITE / COUNTRY HONG KONG

OFW POSITION DOMESTIC HELPER OFW MONTHLY SALARY HKD 4870 OFW CONTRACT DURATION 2 YRS.

AGENCY NAME (if applicable) JOJO GOOD WELL EMPLOYMENT AGENCY LIMITED

LEGAL BENEFICIARIES / QUALIFIED DEPENDENTS

| FULL NAME | RELATIONSHIP | DATE OF BIRTH MM/DD/YYYY | COMPLETE ADDRESS | PHONE NO. / EMAIL ADDRESS |
|-----------|--------------|-----------------------------|------------------|------------------------------|
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I hereby certify that the above information is true and correct.

SIGNATURE OF WORKER

OFW HK PHONE NO.