



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) |
|--|---------------------------------|----------------------|--|
| PHILIPPINE PERMANENT ADDRESS | | | |
| (HOUSE NO.) | (LOT NO. BLK. NO. PHASE NO.) | (STREET) | (SUBDIVISION) |
| (BARANGAY) | (MUNICIPALITY/CITY) | (PROVINCE) | (ZIP CODE) |
| PHIL. PHONE NO. _____ | | EMAIL/FACEBOOK _____ | PASSPORT NO. _____ |
| BIRTHDATE ____/____/____ MM DD YYYY | GENDER _____ | RELIGION _____ | CIVIL STATUS _____ |
| HIGHEST EDUCATION ATTAINMENT _____ | | COURSE _____ | |

CONTRACT PARTICULARS

| | |
|----------------------------|------------------------------------|
| COMPANY NAME _____ | REGISTRATION CERT. NO. _____ |
| EMPLOYER'S NAME _____ | EMPLOYER'S HK ID NO. _____ |
| EMPLOYER'S ADDRESS _____ | |
| EMPLOYER'S PHONE NO. _____ | JOBSITE / COUNTRY HONG KONG |

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.