



**REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF LABOR AND EMPLOYMENT  
OVERSEAS WORKERS WELFARE ADMINISTRATION**



Please fill-out this form legibly.

## OFW INFORMATION SHEET

Date: \_\_\_\_\_

**FOR OWWA USE ONLY:**

**LAST PAYMENT OF OWWA CONTRIBUTION**

OR Number: \_\_\_\_\_

OR Date: \_\_\_\_\_

Validity: \_\_\_\_\_

Verified by: \_\_\_\_\_

### PERSONAL DATA

Last Name	First Name	Name Ext. (e.g. Jr., III)	Middle Name
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Philippine Address: _____			
House No.	Lot No. Block No. Phase No.	Street	Subdivision

Barangay	Municipality/City	Province	Zipcode
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Contact No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Passport No.: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Religion: \_\_\_\_\_ Civil Status: \_\_\_\_\_  
MM DD YYYY

Highest Educational Attainment: \_\_\_\_\_ Course: \_\_\_\_\_

### CONTRACT PARTICULARS

Name of Company/Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No.: \_\_\_\_\_ Jobsite/Country: \_\_\_\_\_

Position: \_\_\_\_\_ Monthly Salary/Currency: \_\_\_\_\_ Contract Duration: \_\_\_\_\_

Name of Agency (if applicable): \_\_\_\_\_

### LEGAL BENEFICIARIES/QUALIFIED DEPENDENTS

Name	Relationship	Date of Birth	Address	Contact No./E-mail Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

\_\_\_\_\_  
Signature of Worker

Helper HK Phone Number: \_\_\_\_\_