

DOLE SENA FORM

(Request for Assistance)

Nature:

☐ RV ☐ MC☐ Both

Republic of the Philippines
Department of Labor and Employment
PHILIPPINE OVERSEAS EMPLOYMENT ADMINISTRATION
Regional Extension Unit-10
Cagayan de Oro City

Date Filed:

✓ April 5, 2014

Date Disposed:

SINGLE ENTRY APPROACH (SEnA)

(Per Department Order No. 107, Series of 2010)

Reference No. _____

✓ ☒ DEPLOYED ☒ NOT DEPLOYED

NAME OF PHILIPPINE RECRUITMENT AGENCY:

✓ NAME OF REQUESTING PARTY:

Blesselva U. Bagano

✓ ☐ MALE ☒ FEMALE 25 AGE

✓ ADDRESS:

Purok-3 Upper Langcangan

✓ CELLPHONE NO.

09380583199

✓ POSITION:

Domestic Helper

✓ JOBSITE:

Qatar

✓ CONTRACT DURATION July 2019 - March 2022

✓ LENGTH OF SERVICE 2 years and 8 months

NAME OF EMPLOYER AND/OR PRINCIPAL:

✓ Mejeb Faisal Al-turki

**ASSISTANCE REQUESTED**

Refund of Placement Fee, etc.: _____

Return of Travel Documents : _____

Deployment/Re-Deployment : _____

Payment of Money Claims : _____

Others: Returning of passport**DEKLARASYON UKOL SA NON-FORUM SHOPPING**

Ito ay isang patunay na ako ay hindi pa nakapagsampa ng ano mang Request for Assistance o ano mang kaso sa ibang tanggapan ng DOLE o sa kanyang Attached Agencies o sa ibang tanggapan na may quasi-judicial functions, at kung sakaling mapatunayang hindi totoo ang nilalaman na aking patunay na ito, ang SEnA na aking isinampa ay mapawalang-halaga sa hindi ko pagsasabi ng totoo.



Blesselva U. Bagano

(Signature over Printed Name)

ACTION TAKEN☐ Advice and Counseling☐ Set for Conference on _____

Disposition: _____

Date: _____

☐ Withdrawn ☐ Dropped☐ Indorsed for Case Filing: ☐ Adjudication Office, POEA ☐ NLRC☐ Settled☐ Amount: _____

SEnA Desk Officer

REQUEST FOR LEGAL ASSISTANCE

Date April 5, 2024

Name of Requesting Party: Blesselca U. Bogano

☐ MALE ☒ FEMALE

OFW? ☒ YES ☐ NO

Name of OFW: Blesselca U. Bogano

COMPLETE ADDRESS:

Block 3 Upper Langcangan Orquieta City

CELLPHONE NO. 0940683199

EMAIL ADDRESS BoganoBlesselca@gmail.com

NATURE OF REQUEST: ☐ Query

☐ Complaint on Illegal Recruitment

☒ Complaint against Agency

☐ Request for SENA (conciliation)

☐ Request for Repatriation

☐ Follow-up on Request for Repatriation

Name of OFW: _____

☐ Request for Certification:

Name of Person/Agency: _____

Complete Address: _____

☐ Others, please specify _____

Blesselca U. Bogano
Printed and Signature of Requesting party

Referred to: ☐ Records Section: ☐ Online PEOS ☐ Agency Verification ☐ E-Registration

☐ Job Hiring

☐ Legal Officer ☐ Others