



**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
Philippines Address:			
House No.	Lot No. Block No. Phase No.	Street	Subdivision
Barangay	Municipality/City	Province	Zipcode
Contact No.:	E-Mail Address:	Passport No.:	
Birthdate:	Sex: <u>Female</u>	Religion:	Civil Status:
Highest Education Attainment:		Course:	

### CONTRACT PARTICULARS

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

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

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

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

Agency Name: \_\_\_\_\_

### LEGAL BENEFICIARIES/QUALIFIED DEPENDENTS

Name	Relationships	Date of Birth	Address	Contact No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Mother Full Name :

Maiden Last Name	First Name	Middle Name
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I hereby certify that the above information is true and correct.

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

