



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

Please fill-out this form legibly.

OFW INFORMATION SHEET

Date: _____

| |
|---|
| FOR OWWA USE ONLY: |
| LATEST RECORD OF OWWA CONTRIBUTION |
| OR Number: _____ |
| OR Date: _____ |
| Validity: _____ |
| Amount: _____ |
| Verified by: _____ |

PERSONAL DATA

| | | | |
|---------------------------------------|-----------------------------|--------------------------|---------------------|
| Last Name | First Name | Name Ext. (e.g. Jr.,III) | Middle Name |
| Philippine 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: _____ | Religion: _____ | Civil Status: _____ |
| 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 | Birthday | Address | Contact No./E-mail Address |
|-------|--------------|----------|---------|----------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

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

Signature of Worker