



OFW INFORMATION SHEET

Please fill-out this form legibly.

Date: _____

FOR OWWA USE ONLY:

OR Number: _____

OR Date: _____

Validity: _____

Verified by: _____

PERSONAL DATA

Last Name _____ First Name _____ Name Ext. (e.g.Jr.,111) _____ Middle Name _____

Philippine Address: _____
House No. _____ Lot No. Block No. Phase No. _____ Street _____ Subdivision _____

Barangay _____ Municipality/City _____ Province _____ Zip Code _____

Contact Number: _____ E-mail/Facebook: _____ Passport No.: _____

Birthdate: _____ Sex: _____ Religion: _____ Civil Status: _____
Month / Day / Year

Highest Educational Attainment: _____ Course: _____

CONTRACT PARTICULARS

Company Name: _____ Registration Cert. No. _____

Employer Name: _____ National ID No. _____

Address of Employer: _____

Tel No. of Employer _____ Jobsite/Country: _____

Position of Worker: _____ Monthly Salary/Currency: _____ Contract Duration: _____

Name of Agency (if applicable): _____

LEGAL BENEFICIARIES/QUALIFIED DEPENDENTS

Name	Relationship	Date of Birth	Address	Contact No./ Email Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Declaration of Intent for OWWA Membership

I, _____ hereby affirm my intention to be a voluntary member of the Overseas Workers Welfare Administration of the Department of Labor and Employment, Republic of the Philippines, and I am fully aware of the responsibilities and benefits thereto. I give permission to use my contact details in sending announcements and other information pertaining to the program.

I also hereby affirm that I am currently employed and in good physical condition at the time of this application.

Signed at _____ on _____, 20_____.
place month and day year

Signature of Applicant