

**Embassy of the Philippines
Philippine Overseas Labor Office**
Calle Serrano 161, Planta Baja,
28002 Madrid, Spain

REQUEST FOR ASSISTANCE FORM

DATE: _____

NAME OF OFW: _____

Gender: _____ Age: _____

Date of Birth: _____ Marital Status _____

Contact Number: _____ Email: _____

Job Description: _____

Philippine Passport Number: _____

Spain ID No./Type of Permit to Stay: _____

Address in the Philippines: _____

Address in Spain: _____

Date of last OWWA Membership: _____

NAME OF EMPLOYER: _____

Address: _____

Contact Number: _____

NAME OF NOK IN THE PHILS.: _____

Address: _____

Contact Number: _____

NAME OF NOK IN SPAIN: _____

Address: _____

Contact Number: _____

REQUESTING PARTY: _____

Relationship to worker: _____

ASSISTANCE REQUESTED:

Signature of Requesting Party

FACTS OF THE CASE/DETAILS:

ACTIONS TAKEN ON REQUEST/CASE: