



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



Please fill-out this form legibly.

# OFW INFORMATION SHEET

Date: \_\_\_\_\_

<b>FOR OWWA USE ONLY:</b>
<b>LATEST RECORD OF OWWA CONTRIBUTION</b>
OR Number: _____
OR Date: _____
Validity: _____
Amount: _____
Verified by: _____

## PERSONAL DATA

Last Name	First Name	Name Ext. (e.g. Jr.,III)	Middle Name
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Philippine Address: \_\_\_\_\_

House No.	Lot No. Block No. Phase No.	Street	Subdivision
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Barangay	Municipality/City	Province	Zipcode
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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