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

FOREIGN 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