



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF LABOR AND EMPLOYMENT  
OVERSEAS WORKERS WELFARE ADMINISTRATION



Please fill-out this form legibly.

# OFW INFORMATION SHEET

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

<b>FOR OWWA USE ONLY:</b>
<b>LAST PAYMENT OF OWWA CONTRIBUTION</b>
OR Number: _____
OR Date: _____
Validity: _____
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	Date of Birth	Address	Contact No./E-mail Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

\_\_\_\_\_  
Signature of Worker