



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



Please fill-out this form legibly.

OFW INFORMATION SHEET

Date: _____

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

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

Signature of Worker