

THIS FORM IS NOT FOR SALE



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



PLEASE FILL-OUT THIS FORM LEGIBLY

## OFW INFORMATION SHEET

DATE FILED \_\_\_\_\_

**FOR OWWA USE ONLY:**

LASTEST RECORD OF OWWA CONTRIBUTION

OR NUMBER: \_\_\_\_\_

OR DATE: \_\_\_\_\_

VALIDITY DATE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_

### OFW PERSONAL DATA

(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX NAME) (SAMPLE JR. SR. III, JRA)	
<b>PHILIPPINE PERMANENT ADDRESS</b>				
(HOUSE NO.)	(LOT NO. BLK. NO. PHASE NO.)	(STREET)	(SUBDIVISION)	
(BARANGAY)	(MUNICIPALITY/CITY)	(PROVINCE)	(ZIP CODE)	
PHIL. PHONE NO. _____	EMAIL/FACEBOOK _____	<b>PASSPORT NO.</b> _____		
BIRTHDATE ____/____/____ MM DD YYYY	GENDER _____	RELIGION _____	CIVIL STATUS _____	
HIGHEST EDUCATION ATTAINMENT _____		COURSE _____		

### CONTRACT PARTICULARS

COMPANY NAME \_\_\_\_\_ REGISTRATION CERT. NO. \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ **EMPLOYER'S HK ID NO.** \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

EMPLOYER'S PHONE NO. \_\_\_\_\_ JOBSITE / COUNTRY **HONG KONG**

**OFW POSITION** \_\_\_\_\_ **OFW MONTHLY SALARY HKD** \_\_\_\_\_ **OFW CONTRACT DURATION** **2 YRS.**

AGENCY NAME (if applicable) \_\_\_\_\_

### LEGAL BENEFICIARIES / QUALIFIED DEPENDENTS

<u>FULL NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u> MM/DD/YYYY	<u>COMPLETE ADDRESS</u>	<u>PHONE NO. / EMAIL ADDRESS</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

\_\_\_\_\_  
**SIGNATURE OF WORKER**

\_\_\_\_\_  
**OFW HK PHONE NO.**