



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
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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
<input checked="" type="checkbox"/>				

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

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