



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



Please fill-out this form legibly.

### OFW INFORMATION SHEET

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

<b>FOR OWWA USE ONLY:</b>
<b>LATEST RECORD OF OWWA CONTRIBUTION</b>
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
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