



### OFW INFORMATION SHEET

FOR OWWA USE ONLY:
OR Number: _____
OR Date: _____
Validity: _____
Verified by: _____

Please fill-out this form legibly.

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

#### PERSONAL DATA

_____	_____	_____	_____
Last Name	First Name	Name Ext. (e.g.Jr.,111)	Middle Name

_____	_____	_____	_____	_____
Philippine Address:	House No.	Lot No. Block No. Phase No.	Street	Subdivision

_____	_____	_____	_____
Barangay	Municipality/City	Province	Zip Code

Contact Number: \_\_\_\_\_ E-mail/Facebook: \_\_\_\_\_ Passport No.: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Religion: \_\_\_\_\_ Civil Status: \_\_\_\_\_  
Month / Day / Year

Highest Educational Attainment: \_\_\_\_\_ Course: \_\_\_\_\_

#### CONTRACT PARTICULARS

Company Name: \_\_\_\_\_ Registration Cert. No. \_\_\_\_\_

Employer Name: \_\_\_\_\_ National ID No. \_\_\_\_\_

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./ Email Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### Declaration of Intent for OWWA Membership

I, \_\_\_\_\_ hereby affirm my intention to be a voluntary member of the Overseas Workers Welfare Administration of the Department of Labor and Employment, Republic of the Philippines, and I am fully aware of the responsibilities and benefits thereto. I give permission to use my contact details in sending announcements and other information pertaining to the program.

I also hereby affirm that I am currently employed and in good physical condition at the time of this application.

Signed at \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_\_.  
place month and day year

\_\_\_\_\_  
Signature of Applicant