

THIS FORM IS NOT FOR SALE



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



Please fill-out this form legibly.

**OFW INFORMATION SHEET**

FOR OWWA USE ONLY: LAST PAYMENT OF OWWA CONTRIBUTION OR Number: _____
OR Date: _____
Validity: _____
Verified by: _____

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

**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	Zip Code
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Contact No.: \_\_\_\_\_ E-mail/Facebook: \_\_\_\_\_ Passport No.: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_ Religion: \_\_\_\_\_ Civil Status: \_\_\_\_\_  
MM DD YYYY

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. /E-mail Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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