

THIS FORM IS NOT FOR SALE

DATE: _____

USE BLACK OR BLUE PEN ONLY

| | |
|-----------------------------|----------------------|
| TIME RECEIVED | TIME RELEASED |
| BM EVALUATOR: | |
| _____ | |
| BM ASSESSOR/CASHIER: | |
| _____ | |



BALIK-MANGGAGAWA INFORMATION SHEET

DO NOT WRITE ON THIS SPACE
(For POEA, OWWA, Philhealth, Pag-Ibig Only)

CG No.: _____
RFP nO.: _____
Assessment No.: _____
Assessed Amount:
POEA: _____
OWWA: _____
PHILHEALTH: _____
PAG-IBIG: _____

PERSONAL DATA

| Last Name | First Name | Name Ext. (e.g. Jr.,III) | Middle Name |
|---|-------------------------|--|---|
| Passport No.: _____ | | | |
| Birthdate: _____ / _____ / _____ <i>DD / MM / YYYY</i> | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Place of Birth: _____ | | Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married | <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated / Annulled |
| Home Address in the Philippines: _____ | | | |
| Lot No. Block No. Phase No. | | House No. | Street Name |
| Municipality/City | | Province | Subdivision |
| ZIP Code | | | |
| SSS No.: _____ | Pag-IBIG RTN/MID: _____ | | |
| Telephone/Cellphone No. _____ | Email Address: _____ | | |
| Mother's Full Maiden Name: _____ | | | |
| | | <i>Last Name</i> | <i>First Name</i> |
| Name of Spouse (if married): _____ | | <i>Middle Name</i> | |
| | | <i>Last Name</i> | <i>First Name</i> |
| | | <i>Middle Name</i> | |

CONTRACT PARTICULARS OF OFW

Name of Company/Employer: _____

Address of Employer: _____

Tel. No./Fax No./E-Mail Address: _____ Salary / Currency: _____

Position: _____ Contract Duration: _____

Date of last deployment from the Philippines: _____ Date of recent return/arrival to the Philippines: _____

LEGAL BENEFICIARIES / QUALIFIED DEPENDENTS

Children (20 years old and below) - Registered Birth Certificate; Non-Member Spouse - Registered Marriage Certificate; Parents (60 years old and above) - Senior Citizens Card and Registered Birth Certificate of Member (OFW)

| Complete Name | Sex | Relationship of OFW to Dependent/s | Date of Birth |
|---------------|-------|------------------------------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I hereby certify that the above statements are true and correct and that the above-named dependents have not been declared by my spouse / brother/sister.

Worker's Signature Over Printed Name

FOR BM GROUP/AGENCY

Name of Agency: _____

Approval of Authorized Agency Representative

↓ Please see back for checklist of requirements, fees to be paid and steps on OEC Processing.