



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



Please fill-out this form legibly.

OFW INFORMATION SHEET

Date: _____

FOR OWWA USE ONLY:	
LATEST RECORD OF OWWA CONTRIBUTION	
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