

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

Date : _____
POLO - Geneva

OWWA COM No. :	_____
OWWA OR No. :	_____
New _____	Renewal _____

OFW INFORMATION SHEET

PERSONAL DATA

Name: _____
Family Name
First Name
Middle Name

Passport No.: _____ Mother's Full Maiden Name: _____

Birth date: ____/____/____ Sex: __M__F Civil Status: __Single__Widow/er
MM DD YYYY
__Married__Separated

Highest Educational Attainment: _____

Address in the Phils. _____ Contact No. _____

Foreign Address: _____ Contact No. _____

Name of Spouse (if married): _____ Email Address: _____

CONTRACT PARTICULARS

Name of Company/Employer: _____

Address of Employer: _____

Email Address: _____ Tel./Fax No.: _____

Jobsite (Country): _____ Position of OFW: _____

Contract Duration: _____ Monthly Salary: _____ Currency: _____

LEGAL BENEFICIARIES (OWWA)

Name	Relationship to OFW	Sex	Date of Birth	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 / do not give) permission to use my contact details in sending announcements and other information pertaining to the program.

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

Signed at _____ on _____
(place)
(date)

Signature