



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