



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: _____
MM / DD / YYYY

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