

APPLICATION FOR PHILIPPINE INSURANCE

I, _____, am presently working as
(name of worker)

_____ and wish to apply for social insurance
(position/nature of work)
with the Government of the Philippines by becoming a member of the Overseas
Workers Welfare Administration.

Date and Place: _____

Printed Name & Signature of Employer

Printed Name & Signature of Employee

NOTE: Signing this form does not bestow any obligation on the part of the employer insofar as the application is concerned.