

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