

LATEST PAYMENT:
 DATE: _____
 1. OWWA MEMBERSHIP: _____
 2. PHILHEALTH/MEDICARE: _____

PHILIPPINE OVERSEAS EMPLOYMENT ADMINISTRATION
 OVERSEAS WORKERS WELFARE ADMINISTRATION
 PHILIPPINE HEALTH INSURANCE CORPORATION

OFW INFORMATION SHEET

DO NOT WRITE ON THIS SPACE
 (For POEA and OWWA, Philhealth Use Only)
 CG No.: _____
 RFN No.: _____
 Assessment No.: _____
 Assessed Amount:
 POEA: _____
 OWWA: _____
 PHILHEALTH: _____

OFW E-Card/ID No: _____

PERSONAL DATA

Change/s (if any)

Name: _____
 Family Name (Apelyido) First Name (Pangalan) Middle Name (G. Apelyido)
 Address in the Phils (Tirahan) _____
 Telephone No. _____ Sex: F Civil Status: Single Widowed
 M Married Separated
 Birth date: _____
 Passport No.: _____ Highest Educational Attainment: _____

Name of Spouse (if married): _____ Mother's Maiden Name _____

Legal Beneficiaries (OWWA Insurance) (Mga tatanggap ng benepisyo sa OWWA):
 Name Address

ALLOTTEE (Itinalaga na padadalhan ng bahagi ng sahod ng OFW)/ RELATIONSHIP TO EMPLOYEE (Relasyon sa empleyado): _____

Contract Particulars of OFW

Change/s (if any)

Name of Principal/Company/Employer: _____
 Address: _____
 Jobsite/Country of Destination: _____ TelephoneNo.: _____
 Position: _____ Fax No/E-mail address: _____
 Contract Duration: _____ months Monthly Salary: _____ Currency: _____
 Date of arrival of vacationing worker in the Phils.: _____
 Date of scheduled departure/Return of OFW to the jobsite: _____
 Name of Agency (if applicable): _____

 Signature of Worker/Date
 Thumbmark

 Approval of Authorized Agency
 Representative (If agency-hired)