

***Please fill out and email to owwa.newzealand@philembassy.org.nz**

THIS FORM IS NOT FOR SALE

FM-OWWA 07-14.02



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF MIGRANT WORKERS
OVERSEAS WORKERS WELFARE ADMINISTRATION



(FOR OWWA MEMBERSHIP RENEWAL/REGISTRATION)

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) Middle Name

Philippine Address: _____
House No. Block No. Lot No. Phase No. Street Subdivision

Barangay Municipality/City Province Zip Code

Contact No.: _____ Email Address: _____ Passport No.: _____

Birthdate: MM / DD / YY 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