

LASTEST PAYMENT: DATE: _____

1. OWWA MEMBERSHIP: _____

2. PHILHEALTH/ MEDICARE: _____

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

DO NOT WRITE ON THIS SPACE
(For POEA, OWWA, Philhealth Use Only)

CG No: _____
RFP No: _____
Assessment No: _____
Assessed Amount : _____
POEA: _____
OWWA: _____
PHILHEALTH: _____

OFW E-Card / ID No:

FM-POEA O2-GP-07
Effectivity date : April 8, 2005

OFW INFORMATION SHEET

PERSONAL DATA

Change/s (if any)

Name _____
Family Name (Aplyido) First Name (Pangalan) Middle Name (G. Aplyido)
Address in the Phils (Tirahan): _____
Birth date: ____ / ____ / ____ Sex: M F Civil Status: Single Widowed
MM DD YYYY Married Separated
Passport No: _____ Highest Educational Attainment: _____
Name of Spouse (if married): _____ Mother's Full Maiden Name: _____

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

ALLOTTEE (Itinalaga na padadalhan ng bahagi ng sahod ng OFW):

CONTRACT PARTICULARS OF OFW

Change/s (if any)

Name of Principal / Company / Employer: _____
Address: _____
Jobsite/Country of Destination: _____ Tel No: _____
Position of OFW: _____ Fax No / Email address: _____
Contract Duration _____ months Monthly Salary: _____ Currency: _____
Last 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 /
Thumbmark

Approval of Authorized Agency
Representative (if agency-hired)

(To be filled in by OFW – for PHILHEALTH RECORD)

Name of Worker: _____
Family Name (Aplyido) First Name (Pangalan) Middle Name (G. Aplyido)
Address in the Philippines (Tirahan) : _____ Tel No: _____
Date of Birth: ____ / ____ / ____ Birthplace: _____
MM DD YYYY
Sex: M F Civil Status: Single Married Widowed Separated

Dependents (Mga makikinabang):

20 years old and below for child/ren, 60 years old and above for parents, and Unemployed spouse.

Name of Children/Parent/Spouse	Sex	Relationship of OFW to dependent/s	Date of Birth (mm/dd/yyyy)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that the above statements are true and correct. (Ako ay nagpapatunay na ang nasa itaas na pahayag ay totoo at tama).

Signature of Worker